

# The Boston Road Club

## 2012 MEMBERSHIP APPLICATION

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### 1. Personal Information

Name \_\_\_\_\_

Male / Female \_\_\_\_\_ Racing Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

USAC License No.: \_\_\_\_\_ Category: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

USAC Club on License: \_\_\_\_\_

*Note: If you plan to race as a "Team" member, make sure you indicate Boston Road Club as your team on your USAC license.*

### 2. Annual BRC Membership:

Please Check One:

\_\_\_\_\_ \$45 Team Membership                      \_\_\_\_\_ \$30 Associate Membership

### 3. Wells Ave Training Race Season Pass

\_\_\_\_\_ \$75 (Emergency Contact Info and a photocopy of your USAC License must be submitted with this form if purchasing a Season Pass)

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### 4. Email List

Would you like to be added to the BRC Yahoo Group and email list?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Already on List

I am aware that bicycle racing can be a hazardous sport. I acknowledge the risk inherent in racing, and hereby absolve the Boston Road Club, its members, officials, sponsors, and the municipalities and their officials in which the club's events occur, of any and all injuries, illnesses, damages, or other loss which may result from activities conducted and/or promoted by the Boston Road Club. I also certify that I have adequate medical insurance to cover my injuries and will not hold the Boston Road Club responsible for deductibles or any other expenses not covered by insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make Checks Payable to: Boston Road Club  
Send to: Boston Road Club  
c/o Brian Morrill  
419 Spring Street  
West Bridgewater, MA 02379