



secretarygeneral@cyclingsimbabwe.org

Application For Cycling License

CZ license No.



Personal details

Surname: _____ First Name: _____
 Sex: _____ Date Of Birth: _____ Age: _____
 Nationality: _____ National I.D No: _____
 Country Of Permanent Residence: _____
 Residential Address : _____
 Telephone (H): _____ (W) _____ © _____
 E-mail: _____
 Name of Club: _____
 (please supply a copy of medical aid card)-- Applicable to cyclists wishing to race internationally
 Medical aid name and number: _____
 Medical Insurance details: _____
 Next of kin details:- Name: _____ (P) _____

Categories: (please tick appropriate box)

ROAD	MTB	BMX	PARA
JUNIORS	ELITE	U23	MASTERS
			VETS

Fees - Cycling Zimbabwe prices quoted are in US\$ for ease of calculation

local License if affiliated to a paid up club \$15-00
 local License if not affiliated to a paid up club \$50-00
 International License \$20-00
 Club Affiliation \$100-00

Receipt Date: _____ Receipt No: _____

Information of Applicant: (all applicants to provide CZ with a copy of passport and one photo)

Affix
 Colour
 Photograph
 Here

Passport Details

Country: _____ Passport Number: _____

Date Issued: _____ Date Expire: _____

Declaration

I hereby declare that I am not aware of any reason why I should not be issued with the aforesaid requested license. I declare that I have not applied for an affiliation license for the same said year to the UCI or any other national federation.
 I assume exclusive liability for this application and the use that I shall make of the license.
 I hereby undertake to respect the Constitution and the Regulations of the UCI its continental confederations and

nations federations. I shall participate in cycling competitions or events in a fair and sporting manner and submit to the disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided in the Regulations. With that reservation I shall submit any litigation with the UCI exclusively to the tribunals at UCI headquarters.

Should I participate in a cycling race or event where drug testing is conducted under the UCI drug test regulations. I agree to submit to such drug test. I agree that the results of the analysis may be made public and communicated in detail to my club, team or Trade Team or to my coach and/or doctor. I undertake to submit any protests concerning drug use to the Court of Arbitration for Sports (CAS) whose decision I shall accept as final. I agree that all urine samples taken shall become the property of the UCI which may have them analysed especially for the purpose of health protection research and information. I agree that my doctor or the doctor of my club, team or Trade Team may on request from the UCI communicate to them a list of the medicines that I took and treatment I underwent before any competition.

I accept the conditions regarding blood testing and accept to undergo blood tests if required by the UCI or CZ

Specimen signature of Holder

Signature Of Applicant

Signature Of Club Chairman