

SA National Omnium Championship 2020



Hosted by Western Cape Cycling



Faure Stadium, Paarl 29 February 2020

First Name	
Last Name	
Gender	
Date of Birth	
Email	
Cell No	

Medical Aid	
Medical Aid No	
CSA Licence No	
UCI Code	
Province	
Club	

Entry fees:

U17 Girls	R 250	U17 Boys	R 250
Junior Women	R 350	Junior Men	R 350
Elite Ladies	R 350	Elite Men	R 350

Banking Details:

Beneficiary	Cape Winelands Cycling
Account No	4085035539
Bank	ABSA

Reference	Your CSA Number
Branch Code	521710

Please complete this form (electronic or by hand) and email it with your proof of payment, indemnity form and copy of your licence to: capewinelandscycling@gmail.com
Entries close: 24 February 2020 NO LATE ENTRIES OR DAY LICENSES
Registration from 8.00 am to 09.45 am at venue. Racing starts at 10am
Enquiries: E Kulsen – 081 022 3970 : N Isaacs – 079 377 2212



Western Cape Cycling

Indemnity Form for Omnium Champs

I, the undersigned, in my personal capacity and in my capacity as parent, guardian or temporary custodian of any minor children, do hereby irrevocably indemnify Cycling South Africa ("CSA"), Western Cape Cycling ("WCC") and their affiliates together with any officials, the organising body, any sponsor or any person assisting at any event sanctioned by CSA or WCC and hold them harm-less against any liability or claims of any nature whatsoever and however arising, including gross negligence, at such event in respect of injuries or damages suffered by me or my property or by any person or to any property in my custody or under my control.

To the extent that any participant in any event sanctioned by CSA or WCC or any person who is under my custody or control at such event is not capable of waiving his or her rights as set out above, I, as parent, guardian or temporary custodian as the case may be, authorise that person's participation or attendance at such event, hereby consent to that person being bound by the foregoing.

I acknowledge that I, and any person who is under my custody or control, participant in any such event entirely at my own, or their, own risk and that I have read and fully understand the terms of the indemnity

Name of participant:

Name of Parent / Guardian / Custodian:

Signature:

..... Date:

Witness:

..... Date: