



High School Mountain Bike Club SIGN UP FORM

STUDENT CONTACT INFORMATION					
Student Name		Grade		Age	
Email					
Cell Phone		Home Phone			
PARENT/GUARDIAN CONTACT INFORMATION					
Name(s)					
Email(s)					
Cell Phone(s)					
Address					
City					
STUDENT INFORMATION					
Do you have any health issues?					
Cycling Interests	<input type="checkbox"/> Cross Country		<input type="checkbox"/> Cyclocross		<input type="checkbox"/> Track
	<input type="checkbox"/> Downhill/Dual/Freeride		<input type="checkbox"/> Road		<input type="checkbox"/> BMX
Cycling Experience	<input type="checkbox"/> I have never ridden		<input type="checkbox"/> I ride a lot and have done some racing		
	<input type="checkbox"/> I sometimes ride around town		<input type="checkbox"/> I train seriously and race a lot		
	<input type="checkbox"/> I have done some trial riding and/or distance road riding				
Schedule	What weekdays are you able to meet for team practice? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday				
	What is the best time for a team weekend trail ride? <input type="checkbox"/> Saturday AM <input type="checkbox"/> Saturday PM <input type="checkbox"/> Sunday AM <input type="checkbox"/> Sunday PM				
Goals					
Do you need a bike and/or equipment?				Height	
				Shoe Size	
Comments, Questions,					