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|  **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** |  |  |
| **State/Zip** |  |  |
| **STUDENT INFORMATION** |
| **Do you have any health issues?** |  |
| **Cycling Interests** | ☐ Cross Country ☐ Cyclocross☐ Downhill/Dual/Freeride ☐ Road |  ☐ Track ☐ BMX |
| **Cycling Experience** | ☐ I have never ridden ☐ I sometimes ride around town  | ☐ I ride a lot and have done some racing ☐ I train seriously and race a lot |
| ☐ I have done some trial riding and/or distance road riding  |
| **Schedule** | **What weekdays are you able to meet for team practice?**  ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday**What is the best time for a team weekend trail ride?** ☐ Saturday AM ☐ Saturday PM ☐ Sunday AM ☐ Sunday PM |
| **Goals** | **What are some of your goals or things that you want to get out of this program?** |
| **Do you need a bike and/or equipment?** |  | **Height** |  |
| **Shoe Size** |  |
| **Comments, Questions, Concerns?** |  |