



National Interscholastic Cycling Association

High School Mountain Bike Club SIGN UP FORM

STUDENT CONTACT INFORMATION					
Student Name		Grade		Age	
Email	DOB				
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	<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	What are some of your goals or things that you want to get out of this program?				
What kind of bike do you ride? Wheel size? Full suspension / front suspension? Do you need a bike?				Height	
				Shoe Size	
Comments, Questions, Concerns?					