|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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?** |  | | | | | |