



NICA

Mountain Bike Club Sign-up Form

Student Athlete Contact Information			
Name			
Grade		Age	
E-mail			
Cell Phone #		Home Phone #	
Address			
Parent/ Guardian Contact Information			
Name		Name	
Cell Phone #		Cell Phone #	
Work Phone #		Work Phone #	
E-mail		E-mail	
Address		Address	
Student Athlete Health Information			
Do you have any health issues			
If yes, please explain			
Survey			
Circle One	I definitely will be an active member all season.	I am not sure if I can commit to the entire season.	I want to be on the club but have some conflicts.
If you have conflicts what are they and when			

Interests:	Cross Country	Cyclocross	Downhill	Road	Track	BMX
Experience:	Never Ridden	I ride now and then around town	I've done some trail riding and/ or distance road riding	I ride a lot and have done some racing	I train seriously and race a lot	
Describe some of your goals for the season						
Do you need a bike and/ or equipment?						
Height			Shoe Size			

