

Great Valley Mountain Bike Team Sign Up Form

Riders Name		Age		Grade		
Parents Names						
Home Phone #:		Work/Cell #:				
Email <small>Print Neatly</small>	Parent's, for Pitzone:		Rider's:			
Address:						
Does the rider have any health condition we should know about? If so, what is it?						
Survey						
Circle One:	I definitely will be an active club member all year	I'm not sure if I can commit to the whole year		I want to be on the club, but I have some conflicts		
How many races do you anticipate participating in?	0	1	2	3	4	5
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 often	
Do you need a bike and/or other equipment?						
Comments:						