



Registration Form

Contact Information	
First Name:	Last Name:
Phone:	Email:
Emergency Contact Information	
First Name:	Last Name:
Phone Number:	Relationship:

Do you have any previous injuries or ongoing medical conditions that would affect your riding? (If yes please specify) _____

How long have you been mountain biking?

Less than six months Six months to 1 year 1-2 years Over 2 years _____

How often do you ride a week on average?

1 day 2-3 days 4-5 days More than 5 days

What type of bike do you ride?

Fully rigid Hard tail Full suspension Don't know

What type of riding do you like to do? _____

What do you find challenging when riding? _____

Please check off each skill that you are 70 to 100% successful at riding. If you are unsure of what a skill is, please put a question mark next to it.

- | | | | |
|---|---|---|--|
| Wide bridges <input type="checkbox"/> | Switchbacks (climbing) <input type="checkbox"/> | Standing climbing <input type="checkbox"/> | Front wheel lift <input type="checkbox"/> |
| Narrow bridges <input type="checkbox"/> | Switchbacks (descending) <input type="checkbox"/> | Small drops (under 1 foot) <input type="checkbox"/> | Rear wheel lifts <input type="checkbox"/> |
| Corners in bridges <input type="checkbox"/> | Balancing in a track stand <input type="checkbox"/> | Medium drops (1-2 feet) <input type="checkbox"/> | Pedaling wheel lift <input type="checkbox"/> |
| Skinnies <input type="checkbox"/> | Braking <input type="checkbox"/> | Drops over 2 feet <input type="checkbox"/> | Smooth shifting <input type="checkbox"/> |
| Corners (flat) <input type="checkbox"/> | Seated climbing <input type="checkbox"/> | Riding steeps <input type="checkbox"/> | Step ups <input type="checkbox"/> |

What skills would you like to learn? _____

Please come to the clinic with a mountain bike in good working order, a helmet, water and dress in layers in case of poor weather.

Mountain Biking is an adventure sport and comes with inherent risks. All riders must sign a waiver on the day of the clinic before participating.