



# Lake Travis High School Mountain Bike Club SIGN UP FORM

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	<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	<b>What weekdays are you able to meet for team practice?</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday  <b>What is the best time for a team weekend trail ride?</b> <input type="checkbox"/> Saturday AM <input type="checkbox"/> Saturday PM <input type="checkbox"/> Sunday AM <input type="checkbox"/> Sunday PM			
Goals	<b>What are some of your goals or things that you want to get out of this program?</b>			
Do you need a bike and/or equipment?			Height	
			Shirt Size / Shoe Size	
Comments, Questions, Concerns?				