



Mountain Bike Club Signup Form

Please return this completed form and a check for \$200 made out to PA Interscholastic Cycling League to the address below by **May 25**.

Etown MTB
740 Hampden Rd
Elizabethtown, PA 17022

Student name		Student Age		Student Grade in Fall 2019	
Parent Names		Parent Contact Phone #			
Parent Emails		Student Email and Phone #			
Health conditions we should know about:		Medication we should know about:			
Insurance Provider (name and plan number)		Insurance Provider Phone Number			
Survey					
Students: Circle One	I'm definitely interested in racing	I'd like to join the club and learn to ride, but I'm not sure I want to race		I'd like to join the club and learn to ride, but I definitely don't want to race	
Students: Circle option that best describes your mountain bike experience	No mountain biking experience but I like to ride my bike	Light trail ride experience (rail trails)	Some mountain bike experience (Mount Gretna, Blue Marsh, Raystown, etc.)	Experienced mountain biker	
Students: If you need a bike, let us know		If you need a bike, what is your height?			
Parents: do you have an interest in helping the club in fundraising, helping with logistics, helping coordinate ride snacks, race day food, etc?					
Parents: if you have an interest in becoming an assistant coach, let us know					
Parents: If you know of local businesses that may have an interest in sponsoring/donating to the team, let us know here					

