



New Rider Info

Student name: _____

Parent name: _____

Parent cell phone: _____

Parent email: _____

Grade this fall: _____

School attending: _____

High School zoned for (if in middle school): _____

Riding level (circle one):

Brand new!

Ride around my neighborhood with my friends at most!

Some trail riding, I can ride my mountain bike for an hour nonstop!

I ride every weekend, I can ride for 2 hrs nonstop easily!

I ride all the time & race whenever I can!

Any allergies? Yes, please state _____

Any other medical conditions we need to know about?

If yes, please state _____

Scan here to sign your one day waiver:



Show the check-in person this message on your phone:

“Thanks for submitting your document. You’ll receive a copy in your inbox shortly”

This waiver is valid for ONE DAY riding with a NICA team.