

Start the Cycle Participant Application

Summer

(To be filled out by parent or guardian)

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name(s): _____

Relationship to Youth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Work Phone: _____

Date of Birth: _____ Age: _____ Gender: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Application Questions

Please answer all of the following questions. If more space is needed, use an extra sheet of paper or the back of this page.

1. Why does your child want to participate in this program?

2. How do you think they would benefit from Start the Cycle?

3. Is your child able to meet every Thursday evening 5:30 pm – 7:30 pm from April to August for the summer program? (Please specify any barriers):

4. Is your child willing and able to complete the Ore to Shore 28 mile race in August for the summer program? (Please specify any barriers):

5. Will you and your child be able to attend an interview? Dates TBD

6. Will you and your child be able to attend orientation? Dates TBD

7. What is your child's level of experience with mountain biking or other biking?

8. Describe your child's school performance (grades, homework, attendance, behaviors, etc.):

9. Describe how your child relates to others (friends, mentors, teachers, family members, etc.):

10. Is your child currently having any problems at school, home, or the community (including legal issues)?

11. Has your child experienced any traumatic events (abuse, death of a loved one, separation, etc.)?

12. Is there anything else important we should know about your child?

Medical History

Name of Primary Care Physician: _____ Phone Number: _____

Health Insurance Provider: _____

Does your child have any physical problems, limitations or disabilities?

Is your child currently receiving treatment for any medical issues?

Are there any past or current medical issues that may affect your child's ability to ride a mountain bike 5 – 28 miles at a time?

Is your child currently on any medications? Please specify:

Does your child have any allergies to medications or other severe allergies? Please specify:

Does your child have any emotional or mental health issues?

Does your child see a counselor or therapist?

Therapist name: _____

Release from Liability:

Please read this carefully. When you sign this form you will be giving up important legal rights. In consideration of the acceptance of this program application, I intend to be legally bound, for not only myself but my heirs, my executors and my administrators. In signing this release, I waive and release everyone connection with Start the Cycle (staff and volunteers) from any and all liability which may arise from my participation in Start the Cycle sponsored activities. In addition, I hereby grand my full and irrevocable consent to release any photographs/images to Start the Cycle for commercial and art purposed in any medium of advertising or communication.

Printed Name of Child: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

(All participants are required to be registered with form signed prior to program start date.)

Gear Sizing Information

Youth's Name _____

Youth's Height: _____ Youth's Weight: _____

(Below to be completed by mentor at orientation)

Bike Size: S M L XL

Shirt Size:

Youth Size S M L XL

Men's Size S M L XL

Women's Size S M L XL

Glove Size:

Youth Size S M L XL

Men's Size S M L XL

Women's Size S M L XL

Shorts Size:

Youth Size S M L XL

Men's Size S M L XL

Women's Size S M L XL

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(To be filled out by participant, not parent/guardian)

Please complete all of the following questions. We will then contact you and your parent/guardian to offer you an interview and hopefully an opportunity to ride with us!

1. Why are you interested in participating with Start the Cycle? What do you think will be the best part?

2. On a scale of 1 to 10, how experienced are you with mountain biking? _____

3. On a scale of 1 to 10, how interested in mountain biking are you? _____

4. Do you have a favorite biking memory? Please share!

5. What are your other favorite things to do?

6. Are you willing to meet once every week to learn about and practice mountain biking?

7. Are you willing to complete a mountain bike race in August in order to finish our program with a new bike and gear?

8. What is something that you think is really important or cool about you?

9. On a scale of 1 to 10, how interested and excited are you to join Start the Cycle? _____

Thanks for filling this out. You'll be hearing from us soon to schedule an interview so we can get to know more about you and figure out if we will be a good fit for you. See you soon!