

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

Individual Membership

Family Membership

Composite Race Team

## Placer Foothills Mountain Bike Club



Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Family Membership: please include additional riders below.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/ Guardian (where minor(s) reside) ( ) Mother ( ) Father ( ) Other/Legal

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive occasional texts on your cell phone? ( ) Yes ( ) No

Parent/Guardian: ( ) Mother ( ) Father ( ) Other/Legal

Name: \_\_\_\_\_

Address: Check if same ( ) \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive occasional texts on your cell phone? ( ) Yes ( ) No

Riders under 18: #1 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

(if o.k. to contact) #2 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact(s): (someone not participating with PFMBC):

Name/relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Name/relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Information: (Parent and minors if the same.)

Carrier: \_\_\_\_\_

Group # \_\_\_\_\_ Member # \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Does this physician agree with your participation in PFMBC? ( ) Yes ( ) No

Are there any injuries or medical conditions (including allergies and/or medications) PFMBC should know about relating to this/these participant(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/legal guardian (print please)

Signature

Date

Club use only

Club Membership: Individual T-Shirt Size: Additional shirts and sizes: (\$20)  ( ) \$125.00 <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash  Paid Date: _____	Club Membership Family T-Shirt Size: Additional shirts and sizes: (\$20)  ( ) \$200.00 <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash  Paid Date: _____
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