



## Placer Foothills Mountain Bike Club

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Size Tshirt (adult): \_\_\_\_\_  
Current or Future Highschool: \_\_\_\_\_

Family Membership: please include additional riders below.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Size Tshirt (adult) \_\_\_\_\_  
Current or Future Highschool: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Size Tshirt (Adult): \_\_\_\_\_  
Current or Future Highschool: \_\_\_\_\_

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

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

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

Cell: \_\_\_\_\_

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

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

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

Address: Check if same ( )

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 • Check # _____ • Cash  Paid Date: _____	Club Membership Family T-Shirt Size: Additional shirts and sizes: (\$20)  ( ) \$200.00 • Check # _____ • Cash  Paid Date: _____
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