Learn to ride youth development camp

Registration form

_____	_____	_____
Participant's Name	DOB (dd/mm/yy)	Age as of April
_____	_____	_____
Parent/Guardian's Name	Phone	Mobile

_____
Email

_____
Physical Address

_____
Mailing Address

_____ _____
Emergency Contact Phone

List Allergies:

List Relevant Medical Information:

Skill assessment: (please circle one)

My child is happy riding:

Around the Driveway or Neighborhood	Along the Rotary Trail	Along Selkirk Slackers or CBT mtb trail

Tee shirt size, select 1
S (6/7), M (7/8+), L (9/10+), XL (11+)

$50.00

Attached golden cycling club membership form and waiver must be completed
Please ensure your child's bike is in good working order