

Mountain Biking Participation Application Form

This application MUST be completed and signed by the Scoutmaster and applicant prior to participating in the Mountain Biking Program.

The following criteria have been developed and are prerequisites to the program:

- 1. Applicant is at least 13 years old**
- 2. Good physical and mental health**
- 3. Scoutmaster Approval**
- 4. Health Officer approval**

NAME OF APPLICANT _____

Date of Birth _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Troop #: _____

Parent or Guardian Phone Number: _____

SCOUTMASTER APPROVAL: _____ **Date:** _____

HEALTH OFFICER APPROVAL: _____ **Date:** _____

APPLICANT'S SIGNATURE: _____

Complete this form and submit it to the Mountain Biking Director prior to your course time.

NO FORM = NO PARTICIPATION