



NEW RIDER INFORMATION

LAST NAME _____

RIDER NUMBER # _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

USAC Lic. No. _____ Category: Road _____ Track _____

Emergency Contact: _____ Phone: _____

Track experience? ___ YES ___ NO If yes, years of Experience: _____

List tracks, dates of racing/training, and race results (within past 18 months)
(continue on back, if necessary):

Name and contact number of person at track who is most familiar with your track experience: _____

Do you have any track cycling Championship wins, honors or recognitions? _____

___ I want to help at the Velodrome. Let me know about volunteer opportunities.

___ I am interested in becoming a member. Let me know about membership opportunities.

___ I am interested in financially supporting the Velodrome as a sponsor or know someone who might be.

Office Use Only

_____ License Fee Paid ___ cash ___ check ___ paypal

_____ Copy of Driver's License

_____ Copy of USAC License * if Applicable.

_____ Copy of valid Health Insurance

_____ Signed Waiver

_____ Bike check _____ or loaner bike size: _____

_____ Track101 or FastTrax Class completed on _____

_____ On the Track Clinic #1 completed on _____ #3 _____

_____ On the Track Clinic #2 completed on _____ #4 _____

_____ (MOT) Endorsement issued _____ (MAD) Endorsement Issued

_____ License Card issued ___ Adult ___ Youth

Certification: _____ Date: _____