



2018 SCVAA Mountain Biking Club Registration

REGISTRATION FEE: COST: \$35
REGISTER ON-LINE AT: <http://www.scvaa.org>
REGISTER BY MAIL TO: SCVAA, PO BOX 44, STILLWATER, MN. 55082

Late registrations are welcome at anytime during the cycling season

Individual Equipment Requirements: Mountain Bike, helmet, water bottle cage or pack to carry water, appropriate clothing for cycling (no overly-loose fitting clothes).

Parent Involvement: Parents are encouraged to join in on all rides and activities whether they volunteer to be a leader or helper. This year we need at least 2 parents per group to act as leaders on the rides so please volunteer during online registration.

REFUNDS: A 25% service fee will be assessed on all refunds.
No refunds will be authorized after attending 1st. event.
Refund forms and process can be found at: <http://www.scvaa.org>

Child's Name: _____ Current Grade (2017-2018) _____
Birth date: _____
Sex: M F Address _____ Email: _____
City: _____ Zip: _____ Phone: _____
Father's Name: _____ Phone: (H) _____ (W) _____
Mother's Name: _____ Phone: (H) _____ (W) _____

Rider Level -- Circle One-- **GRADES 3 through 5:** Afton/Lakeland, Andersen, Brookview, Lake Elmo, Lily Lake, River Grove, Rutherford, St. Croix Catholic, St. Croix Prep, Salem Lutheran, Stonebridge, Other _____
GRADES 6 through 9: Oakland Middle, Stillwater Middle, Stillwater High School, St. Croix Prep, Other _____

Adult	Event Leader:	_____	Phone	_____	Email	_____
Volunteer	Event Helper:	_____	Phone	_____	Email	_____
Positions	Cycling	_____	Phone	_____	Email	_____
	Commission:	_____				
	VAA Board :	_____	Phone	_____	Email	_____
	Other :	_____	Phone	_____	Email	_____

T-Shirt Size (Participant) Youth S, M, L or Adult S, M, L, XL **T-Shirts Size (Adult Leader)** Adult S, M, L, XL

PARENT/GUARDIAN AGREEMENT: I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the SCVAA, its affiliated organizations and sponsors. The SCVAA reserves the right to assign all players, approve all coaches, and limit the number of registrations/participants per team. Recognizing the possibility of physical injury associated with this sport and in consideration for the SCVAA accepting the player for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the SCVAA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also understand that my child/children remain my responsibility while participating in, being transported to or from and anytime they are in the company of other players, parents, coaches and officials associated with SCVAA events. I hereby understand that the SCVAA is responsible only for the formation and scheduling of the activities and that the safety and well being of my child remains my responsibility.

Parent /Guardian Signature: _____ Date: _____