



On-bike Class Registration

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Medical Information

Are there any medical issues we should know about?

Are you able to ride a bike for at least 20 minutes between breaks?

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____