

**MINNESOTA JUNIOR CYCLING (MNJRC)**  
**Membership Application**



**RIDER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F (please circle)

*It is an MNJRC requirement that all cyclists hold a USCF cycling license.*

*For further Information: [www.usacycling.org](http://www.usacycling.org). Register on-line.*

License Numbers: USCF \_\_\_\_\_ OTHER \_\_\_\_\_

**PARENT(S)/ GUARDIAN(S) INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**MEDICAL CONDITIONS**

I hereby certify that I have no medical conditions or restrictions that impair my ability to participate in this activity. List any special conditions or medications:

\_\_\_\_\_

**INTERNET PERMISSION**

I hereby allow MNJRC to publish event pictures of me on their website without reference to my identity.

In addition I hereby allow MNJRC to publish on its website my first name and the first initial of my last name, along with my picture on its rider bio page: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**RIDER INTEREST:**

Road / Crit / Racing                      Racing at Track                      Racing Mtn./Cyclocross                      Group/Training

**ANNUAL MEMBERSHIP DUES: \$250**

Please make check payable to MNJRC – Includes Jersey and Bib Shorts

Send to: Mike Berkopek, 4277 Rosemary Ct, Eagan, MN 55123

**Rider Signature:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

*This information will be used for MNJRC purposes only*