

MINNESOTA JUNIOR CYCLING (MNJRC)
Membership Application



RIDER INFORMATION:

Name: _____

Address: _____

City, State, Zip _____

Cell Phone: _____

Email: _____

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

PARENT(S)/ GUARDIAN(S) INFORMATION:

Name: _____

Address: _____

City, State, Zip _____

Cell Phone(s): _____

Email(s): _____

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:

Mtn Bike Racing Cyclocross Racing Gravel Riding Group/Training

PAYMENTS:

Please make check payable to MNJRC

Send to: Mike Berkopec, 12282 Coffee Trail, Rosemount, MN 55068

Rider Signature: _____

Signature of Parent/Guardian: _____

This information will be used for MNJRC purposes only