

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. 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 Berkopec, 12282 Coffee Trail, Rosemount, MN 55068

Rider Signature: _____

Signature of Parent/Guardian: _____

This information will be used for MNJRC purposes only