



Gravity MTB Registration Form

Contact Information	
Name:	Last Name:
Phone:	Email:
Emergency Contact Information	
Name:	Last Name:
Phone:	Relationship:

Do you have any previous injuries or ongoing medical conditions that would affect your riding? (If yes, please specify) _____

How long have you been mountain biking?

Less than 6 months 6 months to 1 year 1-2 years Over 2 years

How would you rate your mountain bike skill level? (see below for description of Intro Level, Level 1, Level 2 and Level-3)

Intro Level - Less than 6 months experience, very beginner level

Level 1 - Beginner rider that has some trail experience, with basic skills and rides green trails working up to blue trails

Level 2 - Riding blue trails with confidence, with an intermediate skill level and wanting to move up to the black diamond trails

Level 3 – Extensive trail experience, with a high skill level and riding black diamond trails comfortably

What do you find challenging when riding? _____

Do you have any riding goals? _____

We conduct safety bike and helmet checks at the beginning of each coaching session. All riders must sign Gravity MTB's Summary of Risk Assessment Waiver Form before participating. Parents of youth riders (17 yrs. and under) must sign an Assumption of Risk and Permission Form.