

School of Send Registration Form

In order to participate in a School of Send course, you must complete this registration form in full. You will also be required to read and sign a waiver of liability before the course commences. PLEASE PRINT CLEARLY.

Class Name: _____

Class Date: _____

PERSONAL

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Citizenship: _____

Date of Birth: ____/____/____

Age: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

How did you hear about School of Send?

MEDICAL

Do you have insurance? Yes / No

Carrier: _____ Plan Number: _____

Medical conditions or allergies:

Medications: _____

Emergency Contact Name: _____ Phone: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I confirm that the details on this registration form are true and correct. I undertake to provide my own mountain bike in good working order and to wear an approved safety helmet during all on-bike sessions of this School of Send course.

Signature: _____ Date: _____