



MOUNTAIN BIKE MILITIA
CALMAR, AB

RIDER INFORMATION

NAME _____

PARENT/GUARDIAN NAME _____

EMERGENCY CONTACT NUMBERS

HOME _____

WORK _____

CELL _____

ADDRESS _____

DATE OF BIRTH _____

ALBERTA HEALTH CARE # _____

DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS OR ALLERGIES?

IS YOUR CHILD ON ANY MEDICATION? (If yes, please explain)

