



Cycling Registration Form

Competition: _____
Local Program Name: _____
Local Program Coordinator: _____
Sport: _____ Cycling _____

List of Coaches

Last Name	First Name	Type	Cell Phone	Email Address
		Head Coach		
		Asst Coach		
		Asst Coach		
		Asst Coach		

(Required)
 (Optional)
 (Optional)
 (Optional)

**** NOTE: Please submit Class A Volunteer forms with your registration for any new coaches/Unified Partners or coaches/Unified Partners with expired forms. Please submit Medical Forms with your registration for any new athletes or athletes with expired forms**

List of Athletes and Unified Partners

	First Name	Last Name	DOB	M/F	U if unified *	Event 1	Time/Score	Event 2	Time/Score	Event 3	Time/Score
1	Joe	Smith	7/21/1986	M		CY500MT-Cycling 500 M Time Trial	01:54.1	CY1KTT-Cycling 1K Time Trial	03:09.4	CY2KTT- Cycling 2K Time Trial	06:45.8
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NOTES: _____