



Park County Youth Cycling First-Year Rider Application

*Due 1st Friday in March

This information will be used only for the youth cycling program and will not be shared with anyone outside of the youth cycling program. Filling out this application packet does not guarantee entry to the program. You must be advancing to **7th-grade** or higher to apply.

BASIC INFORMATION

Name: _____ Age (12+): _____ Grade (7+): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Is texting enabled on this phone? ___ Yes / No ___

Email address: _____

EMERGENCY CONTACT

Name: _____ Relationship : _____

Phone number: _____ Email address: _____

ADDITIONAL EMERGENCY CONTACT (optional)

Name: _____ Relationship : _____

Phone number: _____ Email address: _____

HEALTH DISCLOSURE

Do you take any medications which could affect your ability to ride safely? Yes / No

Do you have any medical conditions which affect your riding skills? Yes / No

Details: _____

Today's Date: _____ Signature: _____

*Deadline: 1st Friday in March

Mail this application along with the signed & completed Cyclist Pledge, Questionnaire, Adult Recommendation, and Signed Waiver to:

PCYC
2214 Greever St.
Cody, WY 82414

***You could also drop your application off at Cody Middle School care of Mr. Denning & Mr. Eckley**

Any questions? Call **Coach Eckley** at **307-899-0679** or **Coach Denning** at **307 272-7469**, or email to **geckley@park6.org** or **mdenning@park6.org**

PCYC Cyclist's Pledge



Joining the Park County Youth Cycling Program requires perseverance and dedication. If you would like to be considered for membership on the team, please read and agree to this entire pledge.
Signatures are required below.

The Park County Youth Cycling Pledge

I, _____ (rider name), pledge to commit to the Park County Youth Cycling Program for at least two years and agree to all of the following criteria:

I have read and agree to abide by the guidelines set forth in the Park County Youth Cycling Handbook.

I will attend all team practices in the month of June according to the PCYC Handbook.

I understand that if I **do not** meet the attendance minimum of 75% of the practices in the first season and agree to ride in a coach-approved cycling event, I risk losing my place on the team.

If I have a legitimate reason to miss practice (illness, family emergency), I will let my coaches know in advance.

I pledge to make safety my highest priority.

I pledge to come properly prepared to each ride, including wearing the appropriate clothing, sunglasses, helmet, shoes, gloves and bringing sufficient hydration and snacks as needed.

I pledge to tell my coaches if I am not feeling well or have not eaten or hydrated myself properly before riding.

I pledge to be kind, helpful, and respect others at all times.

I pledge that I will pay attention to and take direction cheerfully from my coaches.

I pledge that my conduct in and out of season will be of upstanding character, as I now represent PCYC, and I acknowledge that my coaches consider this for eligibility.

SIGNATURE

DATE

PARENT SIGNATURE

DATE

PCYC Eligibility Criteria



Road & Gravel cycling requires a specific set of skills and mindset to perform safely. Each applicant will be evaluated to see if they have the skills and/or ability to learn. The coaches have been trained and have experience recognizing which skills each applicant needs to successfully ride a bicycle in various conditions and terrain. The following areas will be observed and used in the coach's evaluation.

Answer These Questions Honestly

How many hours per week do you exercise? _____

What is your favorite type of exercise? _____

Do you know how to ride a bike? No / Yes How often? _____

Do your parents or siblings ride bicycles? No / Yes - How often? _____

Do you participate in any other sports? No / Yes _____

Do you drink water when you are active? No / Yes _____

Do you always do your homework/chores? No / Yes _____

Why Do You Want to Join the Park County Youth Cycling Program?

Cont...



How do you react when things get really difficult for you and don't go your way?
(Honesty is critical here. Feel free to have an adult in your life help you with this question.)

Should you be accepted into our program, what is a goal you will have for yourself?

How do you see yourself contributing to a cycling program such as PCYC?

Is there anything else you would like the PCYC coaches to know about you?

* I am a CAN "Change Attitudes Now" Member. (Circle one) **Yes / No**



Adult Character Recommendation

This form should be filled out by an adult who knows you well. If you have participated in a sport or activity, please ask one of your coaches or activity sponsors to fill out this form. Otherwise choose a classroom teacher who has had you in class or an adult who works with you on a regular basis.

Dear Coach/Sponsor/Teacher/Community Member,

_____ (rider name) is applying to be a member of the Park County Youth Cycling Program. In order to be a successful member of this team, riders will be required to demonstrate commitment to the program as well as to the other team members. Good character is important.

How do you know this student/athlete? _____

How long have you known his student/athlete? _____

Please rate the student from 1 to 5 on each of these qualities (5 being the best)

Is a positive and supportive teammate (even in casual settings): _____

Is a dependable team member (always works for the good of the team): _____

Treats peers and younger students with respect (even in casual settings): _____

Is "Coachable"; Pays attention and stays on task; ignores distractions: _____

Comes prepared for the task at hand: _____

Regularly makes good decisions & exhibits integrity: _____

When things get tough, this student remains composed and reasons through trials: _____

TOTAL POINTS (35 possible): _____

What is one thing this student could do to improve him or herself as a teammate?

Recommending Adult: Name _____ Date _____

Relationship to Rider _____ Signature _____



Park County Youth Cycling Waiver

We take safety very seriously, but there is no way to guarantee that cyclists will never be involved in an accident or equipment failure. You must understand and accept all risks and associated liabilities in order to participate in our cycling team.

WAIVER AND RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Park County Youth Cycling program, its related events and activities, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Park County Pedalers, Park County Youth Cycling, their officers, coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent's Signature

Printed Name

Date