



## RIDER QUESTIONNAIRE

NAME \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Years mountain biking \_\_\_\_\_

#of days / week that you ride \_\_\_\_\_

Fitness level / other activities \_\_\_\_\_

Type of mountain bike you own: Brand / model \_\_\_\_\_

Discipline: Cross country      Freeride      Downhill      Do you race? \_\_\_\_\_

Tell us about your skills! (you can check 2 boxes per skill if needed)

	Very Successful	I've tried it!	Want to Learn.	What's that?
<b>Cornering:</b>				
Tight switchbacks on a smooth surface				
Tight and steep descending turns on technical terrain				
High speed cornering on a descent				
<b>Braking / Descending:</b>				
Moving your body behind seat for descents				
Slowing yourself down without skidding the rear tire				
Riding down rock faces				
Riding through a sharp transition on a descent				
<b>Wheel Lifts:</b>				
Lifting your front wheel over a curb				
Lifting your front wheel over small on-trail obstacles				
Small manuals (launch off a 1.5' drop)				
Large manuals (launch of a bigger drop)				
Wheelie Drops				
Bunny Hops (high speed maneuver over obstacle)				

What would you like to learn from your MMR clinic? \_\_\_\_\_

Have you attended another mountain bike camp? If yes Which one.  \_\_\_\_\_

How did you hear about MMR Camps and clinics? \_\_\_\_\_