



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?
Cornering:				
Tight switchbacks on a smooth surface				
Tight and steep descending turns on technical terrain				
High speed cornering on a descent				
Braking / Descending:				
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				
Wheel Lifts:				
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? _____