



DEVO MOUNTAIN BIKE PROGRAM ATHLETE QUESTIONNAIRE 2025 season

This is a fillable PDF form

Please fill out, save to your desktop and email back to karen@mbsef.org

Which session is your child registered for?:? Spring Session 1 Spring Session 2 Summer Fall

Date: _____ Name of Athlete: _____

Gender: M F Age on Jan. 1, 2025: _____

Parent 1 Name: _____ Cell Number: _____

Parent 2 Name: _____ Cell Number: _____

Please answer the following questions to the best of your ability, so we are able to place your child in the appropriate skill group:

Has your child ever been involved in an organized Mountain bike program before? Yes No

How many years has your child been Mountain biking: _____

SKILL LEVEL

- Beginner:** new to trail riding, excited about learning new skills!
- Intermediate:** Can ride on green and blue trails, competent at shifting, braking, climbing uphill and downhill, cornering with room for improvement.
- Advanced:** Can shift gears often and smoothly to keep flow on terrain. Climbing - technical roots, rocks and switchbacks are typically no issue for you. Descending - you use the brakes sparingly, and are happy taking some air off little rocks and roots . Speed Control and Braking - you use both your front and back brakes independently of each other when required. Can hop over obstacles. Can corner using timing and coordination

FITNESS LEVEL:

- Level 1:** Don't do a lot of exercise but want to get better and build strength
- Level 2:** Participates in other sports, can handle riding 1-2 hours with breaks
- Level 3:** Participates in other sports, can handle riding 2+ hours with breaks

Are there any other issues or concerns we should know about? _____

Do they have a friend they would like to ride with: _____
(We can do this if they are similar in ability)