

Skylands Cycling Youth Bike Racing Program

Sign Up Sheet and Parental Permission Form

Name: _____

Address: _____

Email Address: _____

Phone: _____

Date of Birth: _____

Type of racing I am interested in:

Road

Mountain Bike

Track

Cyclocross

Type of bike I currently own: _____

Parental Permission

I am the parent of the above applicant for the Skylands Cycling Youth Bike Racing Program. I hereby give permission for my son/daughter to participate in this program.

Date

Signature

Print Name

Complete and return to:

Sussex Bike and Sport, 155 Rt. 23, Sussex, N.J. 07461
(973) 875-6565