

Miners Mountain Bike Team REGISTRATION FORMS AND INFORMATION PACKET

Team Dues are tax deductible through YBONC Foundation tax ID: 26 – 1344243



Team Dues: \$350
NICA/League Fees: \$90
YBONC: \$40

- Registration packets and ALL dues must be received prior to participating.
- NICA/League fees (registration and races) are paid in NICA Pit Zone.
- Team Dues can be paid online at YBONC.org using PayPal/CC by selecting Miners MTB Team in the dropdown menu or tab, or use this QR Code ----->
- Or by check for \$350, payable to: **"YBONC - Miners MTB"**, **memo the athlete's name**



Deadlines....Drop off completed registration packets and Team Dues at:

- **October 5, 2022** - 2022/2023 Season Kick-off Orientation at Pioneer Park, Nevada City, 5:30-7:00pm
- **October 29, 2022** – 10am-1pm, Registration Event at You Bet! Bike Shop, Nevada City
- Or contact Adian Minty (captainadian@gmail.com) or Jessica Segers (jessica.segers@gmail.com) to make other arrangements.
- **Oct 30th** - New members, complete 2022 YBONC membership online at: <https://ybonc.org/membership/>
- **Jan 1st** - All members, complete 2023 YBONC membership online at: <https://ybonc.org/membership/>

Once your packet is processed, Parent/Guardians will receive an invite to the NICA Pit Zone and Student Athletes will receive an invite to the Team Snap mobile app. **No new riders accepted after Dec 1st.**
Wednesday, November 2nd is first practice.

Below is your check-off list. The following forms are required for participation.

Forms – Signatures Required

- Code of Conduct and Expectations of Guardians and Athletes
- Contact Information and Survey
- Ride/Equipment Requirements
- Bike Check and Diagnostics
- Emergency Medical Protocol
- Medical Information, Proof of Insurance and Authorization to Treat
- Media/Photo Release Form
- Miners Mountain Bike Team Liability Waiver
- Youth Bicyclists of Nevada County Foundation (YBONC) Membership/Waivers
- Sanchez Ranch Waiver
- Miners Mountain Bike Team Scholarship Application Form
- Local Bike Shop(s) Rules & Agreement
- Sweat Studio Rules & Agreement

Additional Information

- Team Contacts and Communication
- Projected Team Costs
- AirMed Care Network



Code of Conduct and Expectations of Guardians and Athletes

The Miners Mountain Bike Team is about our shared passion for cycling. This passion is shared by individuals through all walks of life, of various backgrounds, ethnicities, genders, and orientations. We are a place where our diversity is a strength and is a welcome addition to the team.

We are a team and because of that we have laid out a set of expectations that we hold **all of our athletes, guardians, and staff** to the following code of conduct. Code of conduct violations will result in removal from the Miners MTB Team.

1. The foundation of the Miners MTB Team is respect. We are here to better ourselves as riders and athletes. Trust and respect will help develop an environment conducive to growth and progression. As such any disrespect, harassment, or marginalization will not be tolerated. This is a space for us to share our passion for cycling.
2. Consistent attendance is crucial for your success of this team and for you as an individual.
3. The Miners utilize the app Team Snap to help us plan for numbers and keep track of attendance. It is expected for team members to record whether they will be unable to attend a practice or event
4. There is no strict attendance policy, however, we have the following guidelines when it comes to gauging participation:
 - i. Is the athlete communicating with team leadership when they will not be at practice?
 - ii. Does the athlete engage during practice and support the Miners mission?
 - iii. Is the athlete prepared when they show up for team events?
5. The success of the team hinges on consistent participation and respect from all members. Should an athlete become inconsistent in their participation, cease to engage with practice and what the expectations for a training ride be, or show disrespect to other teammates, coaches, trail users, or other members of the public, team leadership will speak with the athlete and their guardian regarding their continued participation with the team.
6. Guardians are a crucial part of the team. Without the support and participation of our guardians the team would not exist. Guardians will be expected to:
 - i. Volunteer for at least one (1) shift at a NorCal League race, and volunteer at least one (1) time for a team-based event
 - ii. Communicate with the coaching staff should any incident arises that impacts their athlete's participation
 - iii. Acknowledge that they too are ambassadors of the sport and the Team, and conduct themselves accordingly
7. Should an athlete be removed from the team due to a code of conduct violation there will be no refund of team dues.

We fully support our athletes that have passions outside of cycling. If you have things which may conflict with our schedule, what are they and when?

Athlete Name (Print)

Signature

Date

Guardian Name (Print)

Signature

Date

CONTACT INFORMATION AND SURVEY

**Please Print
Athlete
Information:**

Name		Grade (circle)		Gender (circle)	
		6 7 8 9 10 11 12		M F ENBY	
Primary Address			City		State
Secondary Address (If Applicable)			City		State
Home Phone No.		Cell No.		Email Address	
()		()			

Parent/Guardian Information: (Complete in the order we should contact in an emergency)

Relation**	Name		Email Address		
Cell Phone No.		Home Phone No.		Work Phone No.	
()		()		()	
Relation**	Name		Email Address		
Cell Phone No.		Home Phone No.		Work Phone No.	
()		()		()	
Relation**	Name		Email Address		
Cell Phone No.		Home Phone No.		Work Phone No.	
()		()		()	

Athlete Cycling Experience:

- New - Never Ridden
- I've done some trail riding/distance road riding
- I ride now, casually
- I ride a lot and have done some racing
- I train seriously and race a lot

Check Type(s) of Riding Experience:

- None
- Road
- MTB
- Enduro
- Downhill
- BMX
- Moto

I have completed the above information providing comprehensive and accurate information.

Athlete Name (Print) Signature Date

Guardian Name (Print) Signature Date

RIDE/EQUIPMENT REQUIREMENTS

Please note that if you are not dressed appropriately, if you don't have water and food, and/or if you don't have the required equipment with you for the ride, you will NOT be allowed to ride with the team.

1. **Bike:** Your bike must be **checked off** by **Tour of Nevada City Bicycle Shop (TONC), You Bet! or Extreme Outfitters**. (See Bike Check-Off Form). This is for safety and to limit technical problems. Please make an appointment with the shop in advance, so as not to overwhelm them. This one-time service is for **FREE** for Miners MTB Team athletes.
2. **Helmet:** You must have a helmet that complies with CPSC safety standards. Look for a tag inside the helmet or ask one of the coaches if you are not sure. **If you're on your bike, your helmet must be on and buckled! NO EXCEPTIONS!**
3. **Shoes:** You must have safe and functioning cycling shoes prior to your first ride with the team.
4. **Eye Protection:** We strongly recommend eye protection due to branches overhanging trails and debris that is flicked up by tires. Nothing fancy is needed, even safety glasses work great.
5. **Uniform (Races only):** Miners team kits (BOTH jersey and lycra or baggy shorts) are required to be worn at ALL RACES. This is a league requirement
6. **Water:** You must have 16 oz. of water per hour of ride time. Most standard bike bottles are 16 oz. Hydration packs are acceptable and come in various sizes.
7. **Fuel:** Your body needs fuel: One Energy Bar and one Gel Pack per hour of ride time (or equivalent food source such as banana and sandwich).
8. **Tools:** You will be required to carry on you, or your bike; Spare Tube and Tire Plugs, Pump or CO2, Multi-tool
9. **Bike Light (LED):** Front and rear lights are required for weekday rides. **No exceptions.** The front light should be a minimum of 900 lumens; rear light needs to be high intensity flashing red.
10. **Hot/Cold Weather:** *On hot days*, bring sunscreen and plenty of water to avoid heat stroke, dehydration and sunburns. *On any day that is cold or rainy* you must have arm warmers or a jacket and leg or knee warmers. Hyperthermia onset can be rapid on a bike and can be very dangerous for both the rider and the group. Coaches retain the right to send any rider home who is under-prepared.

Please see any coach if you are unable to acquire any of the above items, or if you need recommendations.

By signing this agreement, I have read and understand the above risks and equipment requirements, and make the commitment to participate in this season.

Student Name (Print)

Signature

Date

Guardian Name (Print)

Signature

Date

**Bike Check and Diagnosis: Tour of Nevada City
Bicycle Shop (TONC) or You Bet! or Extreme Outfitters**

Name of Rider	
Bike Make/Model	
Frame Color/Size	
Inspection Date	

Repair Check List:

CIRCLE		PART(S)	DESCRIPTION OF WORK NEEDED
OK	NOT OK	Bike Frame	
OK	NOT OK	Headset	
OK	NOT OK	Stem & Bars	
OK	NOT OK	Fork	
OK	NOT OK	Saddle & Seat Post	
OK	NOT OK	Shock	
OK	NOT OK	Rear Linkage	
OK	NOT OK	Crankset/BB	
OK	NOT OK	Pedals	
OK	NOT OK	Chainring	
OK	NOT OK	Chain	
OK	NOT OK	Cassette	
OK	NOT OK	Rear Derailleur	
OK	NOT OK	Front Derailleur	
OK	NOT OK	Rear Wheel/Tire	
OK	NOT OK	Front Wheel/Tire	
OK	NOT OK	Tire Sealant	
OK	NOT OK	Front Brake	
OK	NOT OK	Rear Brake	

Other Work Notes:

This work form will ONLY be signed off when ALL the above issues (if any) are repaired and the mechanic deems that the bike is practice ready.

Mechanic's Name (Print)

Signature

Date

EMERGENCY MEDICAL PROTOCOL

Injury/Emergency	Protocol
Unconscious Patient	Regardless of duration CALL 9-1-1
Life Threatening Injuries/Illness	CALL 9-1-1
Shock	Do not give any fluids or foods.
Spinal/Head Injuries	Do not move unless situation is life threatening (Open airway, vomiting, unsafe scene).
High Mechanism of Injury, Spine/Head	No releasing of spine. If a possibility of spinal injury (based on what happened and what hurts) CALL 9-1-1 and immobilize.
Not Breathing	If certified, perform CPR. Always start. Never stop unless unsafe, someone of equal or higher training takes over, or you become exhausted. CALL 9-1-1
Dislocations	Do not reduce.
Broken Bones	CALL 9-1-1 in most situations, especially serious fractures (CSM damage, femur, hip, pelvic, spinal injuries, rib fractures, open fractures, dislocations, etc.) If you splint, splint it as you found it. Do not traction into position angulated or open fractures unless radial pulse is absent. Do pull traction on a femur fracture while you are waiting.
Diabetic, Unconscious/Not Fully Conscious	Do not give sugar. CALL 9-1-1
Prescription Drugs, Life Threatening Situation	Help person take their own medication for a life-threatening situation (asthma inhaler, EPI pen, etc.) Do not give someone's prescription drugs to someone else.

Additional Medical Protocols:

1. Do not give pain medications or similar while waiting for 9-1-1.
2. NO TOURNIQUETS.
3. No matter how minor the accident may seem, anyone involved in an accident will wait for a qualified adult to release the crash victim to resume activity. Crash victim should sit still while waiting for release to resume activity. Before releasing crash victim, the qualified adult should check the following:
 - i. Proper function of bike before resuming activity (brakes, chain, tires, etc).
 - ii. Helmet for performance and damage.

I have read and understand the above emergency medical protocols.

Student Name (Print)

Signature

Date

Guardian Name (Print)

Signature

Date

MEDICAL INFORMATION, PROOF OF INSURANCE AND AUTHORIZATION TO TREAT

To be filled out by the legal guardian. Please read and complete the information below:

Please check those that apply, and provide more information on the backside of this sheet if necessary.

- My son/daughter is in good physical condition and mental health and is able to participate fully on the Miners MTB Team. He/she has **NO medical conditions**.
- My son/daughter has the following **medical condition(s)** and/or **allergies** (food, drugs, insect bites, etc):
- My son/daughter has asthma and will have an inhaler with him/her (required if prescribed by a physician).
- My son/daughter is on the following prescription medication(s). Note which one he/she will be taking during team activities. Also, indicate if he/she is or is not able to self-administer these medications.

Date of Student's Last Tetanus Shot: ____ / ____ / ____

Insurance Provider: _____ Policy No: _____

Primary Physician Information

Physician's Name		Phone No.		
Address	City	State	Zip	

Authorization for First Aid and Medical Treatment

1. I recognize that medical or dental care could be necessary for myself and/or my minor child during participation in team activities.
2. I hereby **appoint the certified MINERS MTB TEAM Coaches as temporary guardian of my child** when he/she is participating in team activities for the purposes of arranging for or providing medical assistance.
3. I hereby **authorize the Coaches to arrange or provide my child with first aid, emergency care or other medical assistance** in the event of accident, illness or injury, including and without limitation helicopter evacuation, ambulance service, medication, hospitalization and surgery, and to execute such forms, consents and releases as may be appropriate, necessary or desirable under the circumstances.
4. I further authorize the **MINERS MTB TEAM Coaches** to delegate medical treatment of my child to other persons at their sole discretion.
5. I agree to pay for **ALL expenses and costs associated with medical care, treatment and related transportation**.

I hereby acknowledge that **ALL** the information I have provided in this document is true, correct, and complete. I agree to update the form if necessary. I hereby acknowledge that I have fully read, understood and accepted each of the above provisions and voluntarily signed this agreement.

Guardian Name (Print)

Signature

Date

MEDIA/PHOTO RELEASE FORM

To be filled out by the legal guardian. Please read and complete the information below:

I, _____ (Parent/Legal Guardian Name), approve my son/daughter _____ (Student Name) to participate in the MINERS MOUNTAIN BIKE TEAM, which participates in the NorCal HS MTB League.

Please check the appropriate line below:

_____ **YES**, I give my permission for the MINERS MOUNTAIN BIKE TEAM, the NorCal HS MTB League and outside media agents (newspapers, television, etc.) to take photographs, video, and otherwise document my child involved in the activities of this program. I give permission for any photographs or video material of my child to be used in publicity about the program and organization (website, promotional materials, newspapers/magazine articles, Instagram, Facebook, etc.)

_____ **NO**, I do not give my permission for the MINERS MOUNTAIN BIKE TEAM, the NorCal HS MTB League and outside media agents (newspapers, television, etc.) to take photographs, video, and otherwise document my child involved in the activities of this program. I do not give permission for any photographs or video material of my child to be used in publicity about the program and organization (website, promotional materials, newspapers/magazine articles, Instagram, Facebook, etc.)

Guardian Name (Print)

Signature

Date

**WAIVER OF LIABILITY, RELEASE ASSUMPTION OF
RISK & INDEMNITY AGREEMENT FOR
THE MINERS MOUNTAIN BIKE TEAM**

It is the purpose of this agreement to exempt, waive and relieve releases from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including if the negligence, if any, of releasees. "Releasees" include the Miners Mountain Bike Team (MINERS MOUNTAIN BIKE TEAM"), Sweat Studio, the NorCal High School Cycling League ("NorCal") and its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For in consideration of the undersigned participant's registration with the MINERS MOUNTAIN BIKE TEAM, its affiliates, local associations and member teams, and being allowed to participate in the NorCal events and member team activities and practices, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in the MINERS MTB Team events, member team activities, the sport of mountain biking, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/legal guardian(s), if applicable) acknowledge, understand and assume all risks relating to mountain biking and any member team activities, and understand that mountain biking and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. The risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/legal guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of By-Laws of the organizations and the arbitration clause provisions, as currently published. Participant (and participant's parent(s)/legal guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and the use of bike trails and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said trails, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement. Participant (and participant's parent(s)/legal guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/legal guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of mountain biking and understand these waivers and releases are necessary to allow mountain biking to exist in its present form. Significant exclusions may apply to mountain biking's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one rider against another rider.

Student Name (Print)

Signature

Date

Guardian Name (Print)

Signature

Date

COMPLETE WAIVER PER RIDER and RIDE LEADERS YEAR: 2022

CHECK ONE: CLUB/TEAM RIDER COACHING STAFF FAMILY/LEGAL GUARDIAN

WAIVER AND RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way Youth of Bicyclists of Nevada County (YBONC) Foundation organization and established school bike club programs, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:
(PRINT PARTICIPANT'S FIRST & LAST NAME)

1. The risk of any 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, IDEMNIFY, AND HOLD HARMLESS THE YBONC Foundation organization, their board officers, officials, members, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to a 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 ASSUMPTIONS 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.

X _____ Age: _____ Date Signed: ____/____/____
(PARTICIPANT'S SIGNATURE)

FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and 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 provide above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: ____/____/____
(PARENT/LEGAL GUARDIAN SIGNATURE) (PRINT FIRST & LAST NAME)

COMPLETE WAIVER PER RIDER and RIDE LEADERS YEAR: 2023

CHECK ONE: CLUB/TEAM RIDER COACHING STAFF FAMILY/LEGAL GUARDIAN

WAIVER AND RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way Youth of Bicyclists of Nevada County (YBONC) Foundation organization and established school bike club programs, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:
(PRINT PARTICIPANT'S FIRST & LAST NAME)

1. The risk of any 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, IDEMNIFY, AND HOLD HARMLESS THE YBONC Foundation organization, their board officers, officials, members, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to a 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 ASSUMPTIONS 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.

X _____ Age: _____ Date Signed: ____/____/____
(PARTICIPANT'S SIGNATURE)

FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and 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 provide above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: ____/____/____
(PARENT/LEGAL GUARDIAN SIGNATURE) (PRINT FIRST & LAST NAME)



TDS Enduro

Liability Release

Terms and conditions of participating in any and all activities on this property known as Osborne Hill and surrounding areas including property owned by Hansen Brothers Enterprises.

1. I acknowledge that mountain biking, racing Mountain Bikes, motorcycle riding, horseback riding, hiking, running are demanding tests of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include but are not limited to those caused by terrain, facilities, features, temperature, weather conditions, condition of the participant, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, event officials and monitors and or producers of an event you are participating in. This includes all activities listed above whether participating in an event or at any other time you are on this property. I hereby assume all risks of participating in any activity listed above whether during an event or during any and all recreational use of this property.

2. I certify that I am physically fit, have sufficiently trained to participate in the activities listed above and have not been advised otherwise by a qualified medical person. I acknowledge that this accident waiver and release of liability will govern my actions and responsibilities at any and all times I am participating in any and all the above listed activities whether during an event or not while on this property or adjacent property.

3. In consideration of my application and permitting me to participate in any of the above listed activities whether during an event or not, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive and release and discharge Ron Sanchez, Debbie Sanchez, Casey Sanchez, Carly Sanchez, and Tandie Sanchez event holders, event sponsors, volunteers, this property owner, other property owners, Hansen Bros. Enterprises, Brian Broglio, spectators, sponsors, medical staff, volunteers, and other participants from any and all liability from my death, disability, personal injury, property damage, property theft, lost income, or any other losses, costs or actions of any kind which hereafter may accrue. (B). Indemnify and hold harmless the persons or entities listed in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions while participating in the above listed activities weather during an event or during recreational times.

IMPORTANT! The property owner does not provide insurance coverage for participants of the above listed activities in the case of an injury whether during an event or not. The costs related to those injuries are the responsibility of the individual participant.

4. This AWRL shall be construed broadly to provide a release and waiver to maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its content.

5. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

6. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

Printed name of participant: _____

Signature of participant: _____

Signature of parent guardian for minors under the age of 18: _____

Date: _____

SCHOLARSHIP APPLICATION FORM

We are committed to making our program accessible to everyone, regardless of their financial situation. If you require financial assistance, please complete the following information. We will review your application and get back to you as soon as possible about the level of scholarship we are able to offer to you.

Student Information:

Name		Grade (circle)				Gender (circle)					
		6	7	8	9	10	11	12	M	F	ENBY
Primary Address				City			State	Zip			
Home Phone No.		Cell No.		Email Address							
()		()									

In the space below, please describe your current financial situation, indicating why you are in need of financial support to participate on the Miners Mountain Bike Team. Please use the backside of this sheet if more space is needed.

Due to the limited nature of our scholarship funds, we rarely give full scholarships, but ask that families pay what they can. If there is a financial hardship, please see the coaching staff.

LOCAL BIKE SHOPS RULES & AGREEMENT

Tour of Nevada City Bicycle Shop (TONC), You Bet! and Extreme Outfitters generously offer their support to the MINERS MOUNTAIN BIKE TEAM by giving all active Team members a **10% merchandise discount** on parts, equipment, clothing, and accessories. Discounts on bikes may also be available. Once you have completed and turned in your registration packet and paid your fees your name will be added to the roster and a copy will be given to **TONC, You Bet! and Extreme Outfitters** for their verification of members.

- **Please call the bike shop(s) before** bringing in your bike for inspection or service to make sure they can accommodate you.
- Out of respect for the mechanics and the shops, **ALWAYS bring in a CLEAN bike!**
- Be polite and patient and show your appreciation.

We encourage all members to make the generosity and quality of **our local bike shops** known to the community!

Student Name (Print)

Signature

Date

Guardian Name (Print)

Signature

Date

SWEAT STUDIO RULES & AGREEMENT

During the late fall/winter months we often have to cancel practice due to inclement weather. When a practice ride is canceled the make-up practice will be held the following day (Tuesday or Thursday) at Sweat Studio in Grass Valley.

This type of schedule change will be communicated through Team Snap directly from a Head Coach.

We are invited guests and have been offered services at a discounted rate. Please treat the studio, equipment, Sweat Studio staff, and gym members with kindness and respect. Please make sure your **shoes are CLEAN** prior to arriving at the studio, and you help clean up after practice. Let's leave the studio as we found it when we arrived. No exceptions.

Sweat Studio-ASSUMPTION OF RISKS. I understand that while Service Provider has undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with the Services, Service Provider is not responsible in any manner for any risks related to COVID-19 in connection with the Services. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that participation in the Services (including any related travel) carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. Furthermore, I represent and warrant that I do not suffer from any medical condition or disease that might in any way hinder or prevent me from receiving the Services, including, to my knowledge, COVID-19.

This COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement ("Agreement") shall be binding on my heirs, executors, administrators, successors, and assigns. I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by applicable laws, and that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This Agreement contains the entire understanding of the parties relating to the subject matter, and shall not be altered, modified, amended, waived or supplemented in any manner whatsoever except by a written agreement signed by both parties hereto or their duly authorized representatives. This Agreement may be executed, made and delivered electronically.

Student Name (Print)

Signature

Date

Guardian Name (Print)

Signature

Date

2022/2023 Season
MINERS MOUNTAIN BIKE TEAM
CONTACTS AND COMMUNICATION

Coaching Staff:

Name	Status	Email	Phone No.
Ty Zwick	Head Coach	tyzwick@gmail.com	(530) 204-8637
Dan Goldsmith	Assistant Coach	dlgold01@gmail.com	(530) 559-3184
Adian Minty	Team Director	captainadian@gmail.com	(707) 696-8873
Bill Segers	Team Director	billsegers@gmail.com	(530) 615-7900
Lauren Kress	Team Director	laurenkress77@yahoo.com	(916) 622-9363
Ray Kress	Team Director	highwall1895@hotmail.com	(530) 913-0204
Heather Pitts	Code of Conduct Director	pittshl87@gmail.com	(772) 579-2566

Parent Advisory Committee (PAC):

Name	Email	Phone No.
Jessica Segers, President	jessica.segers@gmail.com	(530) 798-6106
Amber Briney	ajbriney@yahoo.com	(530) 446-1407
Rebecca Duff	rebeccaduff36@gmail.com	(530) 859-3074
Joy Gray	joy@joygray.com	(510) 734-4377
Marisha Finkler	marishafinkler@gmail.com	(530) 265-3320

Team Communication:

Email	nuhsmtnbike (Contact Jessica to be added) <ul style="list-style-type: none"> • Team Announcements • Guardian Actions/Announcements • Volunteer Requests (Practices, Races, Events)
Team Snap Mobile App	Miners Mountain Bike Team (Contact Adian for invite) <ul style="list-style-type: none"> • Team Chat • Rider Attendance & Health Check In • Practice Announcements/Information • Race Announcements/Information • Upload Pics

Organizations:

NICA	National Interscholastic Cycling Assoc.	https://www.nationalmtb.org/
NorCal	NorCal HS MTB Racing League	https://www.norcalmtb.org/
YBONC	Youth Bicyclists of Nevada County Foundation Jet Lowe, (530) 513-7852	https://ybonc.org/ yboncfdn@gmail.com
AirMedCare Network	AirMedCareNetwork (area coverage info, see last page) Sonja Conklin, (530) 648-6455	https://www.airmedcarenetwork.com sonja.conklin@gmr.net

**MINERS MOUNTAIN BIKE TEAM
PROJECTED COSTS**
(Team Operating Costs are approximately \$10,000/yr.)

Amount	Required Team	Description
\$350 (Per Rider)	Team Dues	Team T-Shirt Team Campout Skills Clinic Team Equipment (trailer, trainers, pit tents, etc.) Sweat Spin Studio (discounted rate) Team Insurance NICA Coach Certifications NorCal League Team Registration
\$90	NICA & NorCal League	Registration Fees (NICA=\$40, NorCal=\$50)
\$25	NorCal Races	5 Races (\$50 each)
\$40	YBONC Membership	Rider Insurance, CalStar Membership Discount Financial Services, California Raffle Permit Racer Pit Lunches. After Ride Snacks/Lunches
Approx. \$150	Race Kit	Short Sleeve Zip Jersey, Lycra/Chamois Shorts
Amount	Estimated Rider/Family	Description
Varie	Bike Maintenance (Student)	Bike, Tools, Lights, Parts, Repairs, Clothing
\$50	Race Nutrition	Water Bottles, Gu, Gels, Bars
Varie	Race Travel Expense	Fuel
Varie	Race Travel Expense	Food & Lodging @ Races
\$50	State Champion Race	1 Race (If Qualifies for State Championships)
Varie	Optional Team Gear	Baggy Shorts, L/S Jersey, etc.
\$15	Optional Team Gear	T-Shirt
\$45	Optional Team Gear	Sweatshirt



Hi Riders,

I am your local AirMedCareNetwork (AMCN) Membership Manager, and I would like to wish you a fun, safe racing season. YBONC has partnered with AMCN to offer you air ambulance membership at the discounted rate of \$65 per year, covering everyone in the household, including undergraduate college students away at school. AMCN is the largest network of air ambulances in the United States, with 320 base locations in 38 states, including 37 bases in CA. Your local AMCN bases are CALSTAR-Auburn, CALSTAR-South Lake Tahoe, REACH-Marysville. AMCN is your local air ambulance provider for Grass Valley/Nevada City region. We offer three types of memberships, allowing you to choose the best fit for your family; 1) Emergent (911) and critical hospital to hospital transfers by air, 2) Domestic FlyUHome, hospital to hospital for recuperation air transport within the 48 contiguous states when hospitalized 150+ nautical miles from home, and 3) International FlyUHome, which includes all 50 US states and worldwide, when hospitalized 150+ nautical miles from home.

Air ambulance membership is important when we live, commute, and recreate in rural areas. Did you know that Nevada County does not have a trauma center, therefore most critical illnesses and traumas are transported by air to Sutter Roseville or UC Davis (pediatric & burn patients)? An AMCN membership assures you have no out of pocket costs for air medical transport by an AMCN provider, which includes copays, deductibles, co-insurance, remaining balance from maximum allowable coverage by insurance, even if your insurance denies payment of the bill by an AMCN provider.

Because you also race in Truckee/North Star area and Sierra/Plumas counties, I also recommend you enroll in Care Flight's air ambulance membership program. Care Flight is not a reciprocal partner of AMCN, therefore for the areas you ride you need two separate memberships. Care Flight also offers a membership for \$65 per year/per household, which covers their bases located in Truckee, Beckwourth, Reno, Fallon & Gardnerville. Air ambulances are dispatched by closest available, so in your racing area you need both AMCN and Care Flight memberships for full coverage.

Please don't hesitate to give me a call to explain in more detail and to assist with phone enrollment in both AirMedCareNetwork and Care Flight.

Sincerely,

Sonja Conklin
AirMedCareNetwork / GMR
CALSTAR / REACH / Care Flight Membership Manager
(530) 648-6455 cell
Sonja.conklin@gmr.net