



BERKELEY HIGH SCHOOL MOUNTAIN BIKE RACING TEAM

Now in its 14th year, the Berkeley High School Mountain Bike Team (BHS Team) is a fully developed athletic program. Although the BHS Team still has "club" status, it operates much like any sport at Berkeley High. And as with any sport, joining the team is a serious commitment. Members must commit to three practices a week from early January through the mid May, five races in the spring, all team meetings, and 8 hours of community service.

Why commit? The BHS Team has much to offer: as a team we learn biking skills quickly, receive valuable coaching, and drive each other to achieve. We set goals and work collaboratively to not only attain these goals, but to also develop a wide range of valuable skills. When you ride with a team, it makes training seem like fun instead of hard work, the improvement comes quickly and steadily and soon after that – your racing results vastly improve. Since its first year, BHS Team members have had many impressive race victories as well as many extremely enjoyable riding experiences. But what's more important is that this team is about setting high goals, improving your skills, and achieving your personal best.

The BHS Team is a cross-country mountain bike team, a specific form of cycling which is set apart from road riding, downhill racing, dual slalom, trials, BMX, cyclocross, and track racing. Cross-country mountain biking includes the broadest range of skills and team members often bring with them backgrounds and skills gained from the other sports. For the greater good of the team and high school racing, this team's activities are focused upon preparing for and racing at cross-country mountain biking events only.

The coaching staff's highest goal is to provide students that have the desire to mountain bike the direction and camaraderie that will help them achieve both competitive success and personal development in a safe and enjoyable manner.

The coaching staff and I welcome you to a new year and a new team, please read through all of the requirements and important dates. If you are not sure about the commitments or any of the requirements, contact me directly so we can talk about your situation. Also, if you are in need of equipment or a bike, please let us know as soon as possible.

We are looking forward to the rides and to getting to know the new team members.

Happy Trails,

Ben Heilig, Head Coach
925.405.2794
bheilig@gmail.com

IMPORTANT DATES:

- Parent Meeting: 10.19.11
- All forms due: 12.16.11
- First half of dues (\$125): 12.16.11
- Bike check: January - TBD
- First practice: January - TBD
- First competition: 2.26.12

ALL TEAM MEMBERS ARE REQUIRED TO:

- Get a physical (make your appointment immediately)
- Fill out the Sign-Up Form
- Get the release forms filled out and signed by your parents
- Get your bike and equipment checked off by one of the coaches
- Attend the team rules meeting and the team safety meeting

REQUIRED EQUIPMENT:

- Snell approved helmet (most helmets are snell approved)
- Flashing red light for use on bike
- Mountain bike (only front suspension is recommended)
- Click in pedals are recommended for both safety and efficiency
- Gloves and eye protection
- Cycling shorts (lycra or baggy)
- One team uniform (jersey, shorts, wind vest)
- Wind breaker, leg warmers, and arm warmers

FALL TEAM MEETINGS:

- Meetings will be held in G304, usually at lunch, Time - TBD

TENTATIVE PRACTICE SCHEDULE:

- Tuesday and Thursday: 4:15 PM or earlier if possible at Live Oak Park
- Sunday: 10:00 AM at UC Berkeley Campanile

DUES:

- Team dues are \$250 per year (\$125 due by December 16th / balance of \$125 due March 1st)
- Team dues pay for team registration/insurance; our coaches for their work; and provide for equipment

WEBSITES:

- BHS Team: <http://bhscycling.org/>
- League website: <http://norcalmtb.org/>

TEAM SPONSORS (as of 10/19/11):

- Specialized Bicycles (large discount for bike purchases) - <http://www.specialized.com>
- Mike's Bikes Berkeley (significant discount) - <http://mikesbikes.com/index.cfm>
- Ritchey Bicycle Components (team discount) - <http://www.ritcheylogic.com/>
- Clif Bar -- <http://www.clifbar.com>
- Osborne Family Foundation, BTCEB, Claresco, Holland and Harley, Sheila Moon, Libby Electric, Corepower Yoga, Tecnu Extreme, and RoundCorner

We thank our sponsors and encourage you and your families to patronize them



BERKELEY HIGH SCHOOL MOUNTAIN BIKE RACING TEAM

“Information You Need to Know” For Parents and Athletes!

The Berkeley High School Mountain Bike Club was the first organized high school team in the Northern California High School Mountain Bike Racing League. (See www.norcalmtb.org) Each year we've had lots of fun and great success, and the team has grown and developed great riders. The team took second place overall in the highly competitive 2006 NorCal Racing Series and many of our riders were consistently on the podium.

Overview: Like other NorCal League schools, our program seeks to strike a balance between being a competitive individual and team sport while retaining some gentler recreation club qualities. For athletes new to cycling, immediate immersion into training, racing, and the pressure to perform may be intimidating. This is the reason the League has carefully designed individual racing classes so beginners, intermediate and advanced riders are pitted only against peers of similar ability and experience. Each school's coach does their best to carefully place riders in the following categories: freshmen, sophomore, junior varsity, and varsity.

The five League races are all in Northern California, most a 2-3 hour drive away. The BHS team “caravans” to these. Riders are scored individually and on a team basis. Girl's scores and boy's scores are added together in the team computation. There are lots of girls and the BHS Team has consistently had the largest number of girl riders in the League. Riders must register with the League to have their results counted.

Why cycling? Cycling is a family-friendly fitness activity that can be done lifelong, with great social qualities. Groups of cyclists (except when climbing difficult hills) can talk, joke, and some even sing as they ride. With Lance Armstrong's incredible 7th straight Tour De France victory, enthusiasm for it as an alternative sport and healthy lifestyle is at an all-time high, especially here in the East Bay with so many good places to ride.

Training and racing with a team provides life lessons in self-discipline, teamwork and sportsmanship, along with the fitness and camaraderie. Some sports tend to favor certain body types. Cycling is different. The bicycle is an equalizer, showing little favor to any particular body type by adapting to each rider with correct frame sizing, adjustment of seat height and stem length. Since good “bike-fit” is important, be sure to consult with me before purchasing a new or used bike!

Is Participating Dangerous? Are you new to mountain biking? Forget what you have seen on TV with the X-Games or soft drink commercials. In cross-country bike races, the average speed is usually around ten to twelve miles per hour. This is an endurance sport where the fittest athletes win. Each year, the League collects data on injuries from every team. Typically, for the whole League combined, there will be one or two broken bones, some sprains, a few cuts, some bruises, lots of nicks and scrapes, but little else. Statistically, we suffer fewer serious injuries than most other mainstream sports, especially contact sports.

We do our best to minimize the risks to your athlete. Certain risky behaviors are discouraged or forbidden, the League helmet rule is strictly enforced and we teach each athlete bike-control skills early in the season to minimize the risk of crashing. After all, if you crash you not only risk injury but also lose valuable time during races. Even with our best efforts, crashes and injuries can occur. BHS requires all athletes in every sport to comply with certain athletic eligibility rules, including that the athlete have personal medical insurance. The team also purchases an additional high-deductible policy which supplements your personal policy and policies the school may carry.

We do our best to provide many parent/coaches as ride leaders, each equipped with a first aid kit and cell phone on every ride, one adult for each group if we split the team. Occasionally, circumstances arise where this is not possible. In this instance, we will designate and equip a student/athlete who we believe is adequately mature, responsible and capable in the ride leader role.

How We Build Our Team and Train: We don't have tryouts. If you try, and keep trying, you're on our team. We have a proven history of creating capable and confident riders out of timid, out-of-shape beginners, year after year. Athletes who are already in good condition (like cross-country runners) adapt quickly and do very well.

While we've enjoyed some elite results, we are not elitist. Instead, we value and promote excellence, believing that ordinary athletes can attain big results through setting goals, mapping a strategy, and giving the task disciplined effort. Lance Armstrong, on his seventh Tour winner's podium in July said "there are no secrets -- this is a hard sporting event and hard work wins it." Our BHS kids really work hard and are transformed by the process. Nearly every athlete (and parent) describes his/her participation as life changing in a remarkable way.

The training scheme is a carefully planned schedule of training rides that gradually increase in distance and difficulty over a four to six month timeframe. The timeframe must be long to insure that the athlete progresses at a rate gradual enough to avoid injury, and long enough to achieve peak fitness by season's end and the championship final race. The "gradualism" based training scheme cannot be artificially compressed into the normal sports season timeframe without diminishing its effectiveness.

The training is choreographed in three basic phases so that everyone is adequately prepared once the racing begins. The first is the "Base" or endurance phase where we ride at low speeds, teach handling skills (for safety) and gradually increase the ride duration to build a solid foundation of cardiovascular fitness. The second is the "Build" phase to add strength and power by increasing the amount of hill climbing. The last is the "Peak" phase where we add fast-paced race simulation.

Once the actual riding starts, we split the team workouts into fitness-based groups since our goal is to challenge but not overwhelm each rider. All groups do a similar type of ride, albeit at different paces. We do our best to design a training scheme for each rider appropriate for his/her level of experience, fitness, and personal ambitions. Groups are coed where practical.

Each year, new riders and parents are often surprised when we tell them that by season's end they will be able to easily ride a full four hours in hilly terrain, or do a hundred-mile road "century" but it's true! Riders who "made it to practice," that is. Athletes who follow our

progressive training schedule will steadily gain fitness and those who skip practice will soon find themselves struggling to keep up.

Practice will not take place each weekday like some sports. For fitness sake, three one-hour rides do not equal one three-hour ride. Longer rides are much more effective in creating the endurance and fitness we need. If your athlete ignores our schedule and trains intermittently on his own, he/she will likely fall short of potential. Accordingly, we do our most essential training ride on Sunday morning at 10:00 am. This allows time for morning breakfast, family time, and homework in the evening. Combined with two shorter weekday workouts, including core body strengthening, yoga, running, spin bike rides, and rides during the week, this schedule is designed get us fit in a time-efficient way, minimize time on the bike, avoid injury, fatigue, and mental burnout.

Starting in January, the team will begin practices on Tuesday and Thursday. During January practices will consist of core body strengthening, yoga, jogging, and spin classes. Starting in late January, we will begin Sunday rides and spin room instruction at Corepower Yoga. Athletes will be required to attend 2 spin classes per week. Once the days are long enough to ride after school, we will begin riding Tuesday and Thursday at 4:20 from Live Oak Park in north Berkeley. The team will ride in Tilden Park and rides will be finished by 6:30 at the latest.

Athlete will need to continually monitor his/her own fatigue level and discuss it with the coaches. Rest and recovery are a critical part of any training plan. It is important that your athlete avoids the temptation to do extra workouts beyond what is recommended.

Bike Racing is Girl-Friendly: There are lots of girls racing in the League. In fact, girl participation is the fastest growing demographic. BHS is proud to have set the standard for girls' participation and is proud that one of our own won the girl's varsity championship race in 2005.

In the 1992 classic movie "A League of Their Own" Tom Hanks (as coach Jimmy Dugan) exclaims with surprise and dismay: "There's no crying in baseball!" echoing the old-school world-view from the no-pain, no gain masculine perspective. In fact, there is too crying in cycling, also pre-race makeup, hair, nails, and other surprises! The captain of the elite women's VeloBella cycling team explained: "We girls sometimes cry. It's not because we're sad, it's an emotional release. We might cry when the training is hard and we're struggling a little, or during a stressful race, and we definitely might cry when we win. It's ok! Don't feel bad about it like you've done something to upset us. We want to be here (training and racing) and yes, we also like to feel pretty on race-day." We haven't said any of this to frighten you or indicate that our girls will be doing lots of crying...they won't be; but rather to make the point that the League and our own BHS team culture is truly co-ed, and we do work hard to provide an experience that encourages and celebrates girls' different needs and tastes.

What to Eat: Athletes are expected to be informed and responsible with their eating habits. While this is not a weight-loss program, fat loss and increased lean muscle-mass are typical results of training you should expect. Your athlete will need more high quality calories from complex carbohydrates and will also need more protein than is required for a non-exercising lifestyle. An inadequate or junk food diet will put your athlete at a disadvantage against those who are eating to win. Do not use any of the popular "high this, low that" fad-of-the-month diets. Nutrition will be discussed more as the season progresses.

Parents and Others Ride Along: Training for bike racing is hard work. Fortunately, it's also a lot of fun and the team sometimes end rides with social time. The NorCal League puts on two weekend rider camps held in February. These are fun, very instructive, and remarkably inexpensive and strongly encouraged for newer riders. Road trips to the races (camping if weather allows) are the best of all. You will discover that the other teams in the League are full of delightful kids, with encouraging coaches and wonderfully supportive parents. At the races, the whole gallery of spectators cheers and rings cowbells not just for their own kids, but yours too! This is a very friendly sport.

Parents are encouraged to join their athletes in training and even racing. Some of the races have adult divisions and your help is critical in helping the team travel to each venue. Last year, the coaches trained and raced alongside the student-athletes. For those of us on the brink of sending their kids away to college and adult life, this is a special time to share. Each of these families who were introduced to the sport in this way in 2009 described the experience as incredible, eye-opening, and lifestyle-changing.

We ride on some of the most beautiful trails in California. In Tilden Park, we see lots of wild animals along with the spectacular wildflowers of spring. On the hilltops you can see the Pacific Ocean to the west and Mt. Diablo to the east.

How Communication Happens: We use email to communicate with parents and athletes. This method is used because word-of-mouth, flyers, and phone communication has proven time consuming and ineffective. Posts and website updates will discuss training schedules, offer feedback about rides completed, include team news, tips, motivation and encouragement, recognition, strategic planning for races, travel planning, unrelated fun tidbits, bike culture and more. Please check your email daily and the team website periodically!

About Commitment: If your athlete regularly misses workouts, especially the Sunday rides; he/she will not progress at the same rate as fellow athletes. I guarantee that this will become a source of frustration for your student once they start having difficulty keeping up and will send a clear signal to others that they are not committed to the team.

We promise to treat your athlete like a responsible young adult. Accordingly, we will interpret a habit of missed practices and a pattern of disinterest as a signal to be dropped from the team and email communication. If your athlete is unable to attend any of the agreed-upon practice rides because of school homework, job schedules, family commitments or other concerns, it is really important that they consult with me so we can create an alternate plan to keep the season on track. **3 unexcused absences results in a rider being removed from the team.**

Some athletes may want to try and do two sports at once. We recognize that our long training timeframe may create an unavoidable overlap for part of the season. This is ok. We believe however, that once the season really gets going that trying to do two sports at once is a recipe for frustration and failure at both, may lead to exhaustion and sickness, and can impact academic performance. We discourage this idea.

The club is a race team and, as such, each participant is required to try at least one race. If, after this experience, the rider determines that he/she is not into racing, then they are not forced to continue racing. However, this is strongly discouraged and students who join the team must be open to experience racing.

The 2012 race schedule has not been finalized, but races are expected to be scheduled from February through May.

Code of Conduct: We are committed to safety. We think about safety, teach safety and require each rider to always ride in a safe and controlled manner. Riders who repeatedly flaunt our safety rules or engage in behaviors that present unnecessary risk to themselves or others will be dropped from the program. As visible representatives of Berkeley High School and ambassadors of cycling, athletes are expected to conduct themselves in a manner consistent with that status and follow the BHS rules of behavior at all times. **If a team member is seen riding without a helmet at any time during the season, the rider will be removed from the team – no excuses.**

Community Service: As part of being on the team, members are required to undertake eight hours of community service during the season. Service can be done with a local organization or by assisting with team and NorCal League activities.

About Academics: The goal for BHS is to help develop our students academically, physically and socially into mature young adults. To qualify to participate in BHS Cycling, each athlete must be achieving academically in a manner satisfactory to wishes of his/her parents and the standards of the school. Participation on the team qualifies for one semester of physical education credit. To receive this credit, a simple form must be completed. **Failure to maintain satisfactory academics during the cycling season is grounds to be dropped from the team.**

You'll Need Some Equipment: Your athlete will need an appropriate bike, cycling clothing and other items. Please consult with me before you buy anything so I can help you get the right gear and minimize the cost. Bicycles and helmets must be inspected and approved for function and safety, then re-inspected at regular intervals. Our textbook is Mountain Bike Magazine's *Mountain Biking Skills* available at Borders or Amazon.

Getting all the equipment can be challenging. Prices vary widely and much is available both new and used on the internet at discount prices. We also have free gear people have given the team, and other things available to loan. Let me help you find what you need.

Cost of Participating: Riders must pay for NorCal League registration (\$40), and entry fees to each of the six races and travel costs (each race can cost up to \$30). In addition, the team requires dues of \$250 to cover the cost of insurance, coaching stipends, and incidental costs. Payment of dues is spread over the season. The team does fundraising to offset many of these costs and scholarships are provided to those who need it. **No student has been denied participation due to a lack of resources.**

Required Forms: To participate on the team, riders must have a complete athletic packet with a valid physical ready to turn into me before the winter holidays. Packets are available in front office or in the athletic office. A few additional forms will be required as well and will be emailed to all interested riders (forms will also available from the team website).

Team Sponsorship: Local bike shops, other cycling teams, and companies in the cycling industry may be sponsoring your rider. Sponsorship arrangements generally require the rider to wear the sponsor's uniforms exclusively (advertising) during training and at races. Since we will need to wear BHS uniforms at League races, this creates a potential conflict. The coaches have obtained special permission from all of our current sponsors to allow BHS uniforms to be worn

at League events. Sponsored riders should carefully consider the responsibilities, duties of loyalty and other commitments before entering into any such agreements.

As part of our sponsorship, riders are able to purchase parts from Mike's Bikes at a significant discount. Specialized bicycles are also available at below wholesale prices. Bike orders will be made at two times during the season. The team is also able to purchase bike pedals/pumps/tools (Crank Brothers), sports nutrition (Clif Bar), and assorted bike parts (Ritchey). Occasionally, other offers may become available and they will be relayed to the team.

The team jersey, shorts, wind vest, and socks are available for purchase. We do all that we can to raise money to help reduce the cost of these items and hope to offer the full clothing kit to students for no more than \$125 this season. The final price depends on how much we are able to raise through sponsorship and fundraising.

The team is also fortunate to receive support from a number of local businesses and organizations, including the Osborne Family Foundation, Bicycle Trails Council of the East Bay, Claresco, Holland and Harley, Sheila Moon, Libby Electric, Corepower Yoga, Tecnu Extreme, and RoundCorner to name a few.

Assistant Coaches and Team Officers: Every year, for the kids to be successful we need lots of help from team parents and volunteers. Some help with transportation and other things, some act in the capacity of helper-coaches. Returning riders should consider taking on some of the important responsibilities that make the team function. Beginner riders need lots of help learning to keep their bikes in top mechanical shape, advice on training and racing, and lots of encouragement and reassurance from those who were beginners not very long ago. If your returning rider would like to be formally designated as a mentor in some specific area, let me know. I am also looking for parents who would like to be trained as assistant coaches and ride leaders. You do not have to be a talented rider or racer to function effectively in this role, you learn as you go, and it's a lot of fun.

This year, we will have a solid staff of returning assistants including Austin McInerny, Peter Libby, Matt Fritzing, Celeste McCartney, Hans Kellner, Ashley Jones, UC Berkeley Mountain Bike Team members, and a host of new volunteers. In addition, a number of returning riders' parents will be helping out in significant ways.

Please be sure to let me know if you have any questions. I ask that riders planning to be on the team have all forms completed before the winter holiday break.

Sincerely,

Ben Heilig, Head Coach

bheilig@gmail.com

925.405.2794

<http://bhscycling.org/>



BERKELEY HIGH SCHOOL MOUNTAIN BIKE RACING TEAM

Team Participation Required Forms Check-List

Instructions:

The following forms/licenses are required for participation on the Team. Forms must be turned into Ms. Kavalier in her classroom. First practice is in January after the winter recess – absolutely no participation without completed forms!! If you or your parents have any questions, please contact Coach Ben at bheilig@gmail.com.

Required Forms:

- Club Sign-Up Form
- 2012 BHS Mountain Bike Club/Team Waiver
- Agreement for Use of Mountain Bike & Release and Waiver of Liability
- Interscholastic Athletic Emergency Card
- Child Health & Disability Prevention Protection Program Form (Only if student does not have health insurance)
- Photo/Interview/Video Form
- Proof of Physical Exam (family doctor or school health center, use enclosed form or provide doctor's note/signature)
- Verification of Residence
- Steroids Policy
- \$125 Club Dues (payable to "BHS MTB Club"). Please talk with Coach if assistance is required with dues.

Will be completed at a later time:

- Bike Check Form (provided at bike check to be held in January 2012)
- NorCal High School MTB League Registration (to be completed in January 2012)
- Corepower Yoga Spin Room Waiver (for using spin bike room)
- Second payment of Club dues (\$125)
- Team Clothes order form

BHS MOUNTAIN BIKE TEAM

Sign-up Form

NAME		AGE		GRADE		
Parent's Names						
Home Phone #		Work Phone #				
E-mail print neatly!	Students:		parent(s):			
Address						
Do you have any health condition we should know about?						
SURVEY						
Circle one	I will definitely be an active club member all year		I'm not sure if I can commit to the whole year		I want to be on the club but have some conflicts	
If you have conflicts what are they and when?						
Interests	Cross-County Beg Sp Exp	DH/DUAL	Cross	ROAD	TRACK	BMX
Experience	Never ridden	I ride now and then around town	I've done some trail riding and/or distance road riding	I ride a lot and have done some racing	I train seriously and race a lot	
Describe some of your goals for the season						
Do you need a bike and/or equipment?						
Will you order team clothes?						

201&BERKELE \ HIGH SCHOOL MOUNTAIN BIKE RACING CLUB/TEAM RELEASE AND WAIVER

(must be signed and dated below)

In consideration of being permitted to participate in any "Berkeley High School Mountain Bike Racing Team and Club"(BHS Mountain Bike Team) sponsored Bicycle Activities, I for myself, my personal representatives, assigns, heirs, and next of kin:

Acknowledge, agree and represent that I understand the nature of Bicycle Activities and that I am qualified to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

I take full responsibility for my equipment. I agree that prior to participation I will inspect the equipment I am using, and if I believe any of them to be unsafe I will not participate in that event.

I warrant that I am in good health, physically fit, and have no physical conditions that would prevent me from participating in and BHS Mountain Bike Team event I choose to participate in.

I acknowledge that the BHS Mountain Bike Team requires the wearing of a Hard Shell Helmet when riding a bicycle. I also acknowledge that the BHS Mountain Bike Team requires some form of identification (Drivers License, California ID, Student ID), a current medical card and Emergency Contact information when riding a bicycle, (e.g., SELF SUFFICIENT)

Furthermore I agree to abide by the rules and regulations of events, vehicle laws of the State of California and any local municipal laws applicable.

I FULLY UNDERSTAND THAT:

With the full knowledge that bicycle riding is a hazardous activity which involve risks and even dangers of serious bodily injury, and that these risks and dangers may be caused by my own actions, or inaction, the actions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "Releasees" named below; and that there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time, and I fully accept and I assume all such risks and all responsibility for losses, cost and damages I incur as a result of my participation in the activity attendant thereto, and thus release, and agree to indemnify and save and hold harmless, waiver and forever discharge the BHS Mountain Bike Team and its officers, directors, employees, agents, volunteers, administrators, other participants, etc. (Each considered one of the "Releasees" herein) from any and all liability, responsibility and/or property damage, losses, damages, claims, demands or causes of action against them arising from or attributable to my participation in the "BHS Mountain Bike Team" event or activity. I also release, waive, discharge, and relinquish anybody associated with the "BHS Mountain Bike Team" including, any sponsors, volunteers, advertisers, and if applicable, owners and leasers of premises on which the Activity took place, any involved public entity, and their respective owners, officers, employees, agents, representatives, successors and assigns (Each considered one of the "Releasees" herein) from any and all liability, responsibility and/or property damage which I sustain during my participation in any "BHS Mountain Bike Team" event or activity.

This waiver and release covers myself and all parties herein and all heirs, executors or administrators thereto, and is given in full awareness of its content and in consideration of acceptance of my application.

PRINT NAME: _____ (first/mid/last)

Athlete and Parent must sign:

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND ACCEPT ALL OF THE ABOVE.

ATHLETE SIGNATURE

_____/_____/_____
DATE

MY PARENT OR LEGAL GUARDIAN HAS READ THIS AGREEMENT, FULLY UNDERSTANDS ITS TERMS, AND ACCEPTS ALL OF THE ABOVE AND IS ALSO SIGNING ON MY BEHALF.

PARENT/GUARDIAN SIGNATURE

_____/_____/_____
DATE

Please Print in Ink

Student's Last Name		First Name		Middle Name	
Home Telephone () area		Date of Birth Month/Day/Year / /		Grade	Sex
Father/Guardian	Employer		Work Address		Work Phone () area
Mother/Guardian	Employer		Work Address		Work Phone () area

List up to three (3) emergency contacts in the event your parents cannot be contacted.

Name	Relationship		Work Telephone () area	Home Telephone () area
Name	Relationship		Work Telephone () area	Home Telephone () area
Name	Relationship		Work Telephone () area	Home Telephone () area
Athlete's health problem(s)	Medications used on a regular basis/special treatments needed.		Allergies (including medications)	

**Interscholastic Athletic Team Emergency Card-Berkeley High School
Berkeley Unified School District**

January 2002

All previous editions are obsolete

continued on other side

PARENT/GUARDIAN CONSENT		Athletic Program	School Year
I hereby give my consent for the named student to participate in the named Interscholastic Athletic Program for the school year indicated at Berkeley High School and to go with a representative of the school on any off-campus trips related to participation in the Interscholastic Athletic Program.			

Emergency Medical Authorization

Physician's Name	Address		Telephone () area
Dentist's Name	Address		Telephone () area
Health Plan	Policy No./Record No.		

I, the undersigned parent/guardian of the student (shown on the front of this card), a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician, surgeon or dentist under the provisions of the Medicine Practice Act, or Dentist Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the physician/dentist to render care which in his/her best judgment may be deemed advisable. This authorization is given pursuant to the provisions of Sections 6900 through 6910 of the Family Code of California. It is the responsibility of the parent/guardian to immediately notify the school in writing of any changes in the information on this card.

Insurance Information

The Berkeley Unified School District (BUSD) carries limited, supplemental medical insurance for injuries that occur only from direct participation in school-sponsored supervised and GIF approved interscholastic athletics. The student insurance policy coverage which the BUSD carries is secondary to any other medical or dental insurance you may have for your child. If an injury occurs, all claims must be presented to your primary medical or dental insurance for payment. Any remaining unpaid balance should be submitted to Myers-Stevens for benefit payment consideration. The plan has a \$100 deductible and a maximum benefit of \$25,000. Additional health insurance is available for purchase. For a brochure and application, contact the school office (510) 644-6121, or call or write Myers-Stevens (800) 827-4695. For any additional questions regarding benefit information or exclusion limitations, please contact Myers-Stevens.

Parent/Guardian Signature		Date
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**Interscholastic Athletic Team Emergency Card - Berkeley High School
Berkeley Unified School District**

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PRE-ENROLLMENT APPLICATION

Instructions to the Parent or Patient:

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.

Is the patient less than 19 years of age? Yes No

How many people are in your family? _____

How much money does your family make before taxes? \$ _____ Or \$ _____
Monthly Yearly

- You or your child may be eligible for continued health care coverage through Medi-Cal or Healthy Families.

I want to apply for continuing coverage through Medi-Cal or Healthy Families. Yes No

If you answered *yes* to this question, an application will be mailed to you in a few days. Please return it promptly. If you answered *no* to this question (or if you answered *yes* but do not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

Patient Information

Does the patient have a State of California Benefits Identification Card (BIC) or Medi-Cal card? Yes No

If yes, what is the identification number on the BIC card (if available)? _____

Patient's name—Last First Middle initial

Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's social security number (SSN) <i>(optional)</i>
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If you are homeless, check here. Enter the general location in the "Home address" section and complete the "Mailing address" section.

Home address	Apartment number	City	State	ZIP code
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County of residence

Mailing address (if different from home address)	Apartment number	City	State	ZIP code
--	------------------	------	-------	----------

Mother's name—Last First Middle initial

For patients under one year of age, please complete this section.

If less than one year of age, did the infant live with the mother in the month of birth? Yes No

Mother's date of birth (month/day/year)	Mother's BIC or Medi-Cal card number or social security number
---	--

Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last First Middle initial

Home telephone number ()	Work telephone number ()	Message telephone number ()
------------------------------	------------------------------	---------------------------------

What language do you speak at home?

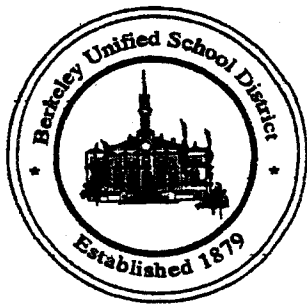
What language do you read best?

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of parent/guardian or emancipated minor	Relationship to patient	Date
---	-------------------------	------

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information is the Department of Health Services, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413. A copy of this information may be shared with the county Department of Social Services in the county in which you reside and will be kept with your child's medical record by your child's CHDP provider.



PHOTO/ VIDEO/ INTERVIEW FORM

Dear Parent/Guardian:

At times representatives of the media or the District want to photograph, videotape, and/or interview students in connection with school programs or events. Educating the public is one of our objectives. The entire community benefits from knowing about the needs and abilities of our students and about the programs we offer.

In order to release student photos, video footage, and/or comments, we need written permission. To give your consent, please complete the form below.

I, _____

parent/guardian of _____

give permission for my child to be photographed, videotaped and/or interviewed by representatives from the media or the District for the purpose of publicizing education programs. I authorize the use and reproduction by the District or anyone authorized by the District of any and all photographs, videotapes, or interviews of my child, without compensation to me/my child. All of these photographs/video recordings shall be the property of the District or the media. I waive any right to inspect or approve the finished photographs/videotapes, and the sound track, script or printed material that may be used with them.

Signature of parent or guardian: _____ Date: _____

Address: _____

Berkeley Unified School District
Public Information Office
2134 Martin Luther King Jr. Way
Berkeley, CA 94704-1180

Please return the signed form with the rest of your student's athletic registration package.

**BERKELEY UNIFIED SCHOOL DISTRICT
BERKELEY HIGH SCHOOL ATHLETIC DEPARTMENT**

California Interscholastic Federation By-Laws state that an annual physical examination, or a statement by a medical practitioner, certifying that the student is physically fit to participate in athletics is required before a student may try out, practice, or participate in interscholastic athletic competition.

**ANNUAL PHYSICAL EXAMINATION FOR PARTICIPATION IN ATHLETICS
PATIENT INFORMATION**

Student's Name _____ Date _____
 Address _____ Age _____
 Student's Birthdate _____ Home Phone _____
 Father's Work Phone _____ Extension _____
 Mother's Work Phone _____ Extension _____
 Family Physician _____ Phone _____
 Physician's Address _____ Zip _____
 Hospital Preference _____
 Family Dentist _____ Phone _____
 Medical Insurance _____ Medical No. _____

MEDICAL HISTORY

1. Have you ever had any injuries such as:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Skull Fracture	<input type="checkbox"/>	<input type="checkbox"/>	Heat Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Painful Kneecap
<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Shinsplints
<input type="checkbox"/>	<input type="checkbox"/>	Knocked Out	<input type="checkbox"/>	<input type="checkbox"/>	Severe Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	Trick knee
<input type="checkbox"/>	<input type="checkbox"/>	Arm/finger numbness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bone, fracture	<input type="checkbox"/>	<input type="checkbox"/>	Neck pain/injury
<input type="checkbox"/>	<input type="checkbox"/>	Deep bruise	<input type="checkbox"/>	<input type="checkbox"/>	Joint dislocation	<input type="checkbox"/>	<input type="checkbox"/>	Back pain/injury
<input type="checkbox"/>	<input type="checkbox"/>	Muscle tear or pull	<input type="checkbox"/>	<input type="checkbox"/>	Internal organ injury	<input type="checkbox"/>	<input type="checkbox"/>	Ligament sprain
<input type="checkbox"/>	<input type="checkbox"/>	Locking or catching joint	<input type="checkbox"/>	<input type="checkbox"/>	Leg/foot numbness	<input type="checkbox"/>	<input type="checkbox"/>	Other

Explain: _____

2. Do you have a history of any medical problems such as:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, allergy	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Tightness in chest	<input type="checkbox"/>	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	<input type="checkbox"/>	Seizures/fainting	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Heart palpitations
<input type="checkbox"/>	<input type="checkbox"/>	Yellow jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Skin disease, boils	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	Cold sores
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease	<input type="checkbox"/>	<input type="checkbox"/>	High/low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	Easy bruisability/bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Other

Explain: _____

3. Are you allergic to any medicines or environmental agents?

Yes No If Yes, explain: _____

4. Has anyone in your family under 50 years old died of heart problems or sudden unexplained causes?

Yes No If Yes, explain: _____

5. Have you ever been hospitalized?

Yes No If Yes, explain: _____

6. Have you ever had an operation or surgery?

Yes No If Yes, explain: _____

7. Have you ever had x-rays, worn a cast, splint or sling, or used crutches?

Yes No If Yes, explain: _____

8. Have you ever sustained an injury that prevented you from playing sports for more than one day?

Yes No If Yes, explain: _____

MEDICAL EXAMINATION

Date of Exam _____ Blood Pressure _____ Pulse _____
Height _____ Eyes R 20/ _____ Glasses _____
Weight _____ Eyes L 20/ _____ Contacts _____
Urinalysis: _____ Blood _____ Ketone _____ Glucose _____ Protein _____ PH _____ SpG _____
Hematocrit _____

Normal	Abnormal	Medical Exam	Comments
<input type="checkbox"/>	<input type="checkbox"/>	1. General appearance (fitness, body fat)	_____
<input type="checkbox"/>	<input type="checkbox"/>	2. HEENT (pupils, ears, nose, mouth, teeth, throat)	_____
<input type="checkbox"/>	<input type="checkbox"/>	3. Chest (chest wall, breath sounds)	_____
<input type="checkbox"/>	<input type="checkbox"/>	4. Cardiac (pulses, rhythm, murmur)	_____
<input type="checkbox"/>	<input type="checkbox"/>	5. Abdomen (liver, spleen, masses)	_____
<input type="checkbox"/>	<input type="checkbox"/>	6. Genitourinary (hernia, testes)	_____
<input type="checkbox"/>	<input type="checkbox"/>	7. Skin (rash, jaundice)	_____
<input type="checkbox"/>	<input type="checkbox"/>	8. Neurologic (CNS, DTR's sensation)	_____
<input type="checkbox"/>	<input type="checkbox"/>	9. Other	_____
		Musculoskeletal Exam	
<input type="checkbox"/>	<input type="checkbox"/>	1. Spine (deformity, tenderness, motion, strength)	
<input type="checkbox"/>	<input type="checkbox"/>	a. cervical	_____
<input type="checkbox"/>	<input type="checkbox"/>	b. thoracic	_____
<input type="checkbox"/>	<input type="checkbox"/>	c. lumbar	_____
<input type="checkbox"/>	<input type="checkbox"/>	2. Upper extremity (deformity, tenderness, motion, strength, stability)	
<input type="checkbox"/>	<input type="checkbox"/>	a. AC joint/clavicle	_____
<input type="checkbox"/>	<input type="checkbox"/>	b. shoulder	_____
<input type="checkbox"/>	<input type="checkbox"/>	c. elbow	_____
<input type="checkbox"/>	<input type="checkbox"/>	d. wrist	_____
<input type="checkbox"/>	<input type="checkbox"/>	e. hand	_____
<input type="checkbox"/>	<input type="checkbox"/>	3. Lower extremity (deformity, tenderness, motion, strength, stability)	
<input type="checkbox"/>	<input type="checkbox"/>	a. hip	_____
<input type="checkbox"/>	<input type="checkbox"/>	b. knee (MCL, ACL, PCL, menisci)	_____
<input type="checkbox"/>	<input type="checkbox"/>	c. leg (hams, quads, gastroc)	_____
<input type="checkbox"/>	<input type="checkbox"/>	d. ankle (talar, tilt, drawer)	_____
<input type="checkbox"/>	<input type="checkbox"/>	e. foot	_____

FINDINGS

Diagnosis	Treatment Recommendations
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

DISPOSITION

- 1. Cleared for collision, contact, and non-contact sports. _____
- 2. Conditional participation, limited to: _____
- 3. No participation until: _____
- 4. No participation in any sport, because of: _____

PHYSICIAN'S STATEMENT

I hereby certify that I (1) _____ have; (2) _____ have not; found _____
NAME OF STUDENT
to be physically fit to participate in interscholastic high school sports, including tackle football.

Physician's Signature: _____ Date: _____

PARENT'S STATEMENT

I hereby state that the information given on this statement is true to the best of my knowledge.

Parent's Signature: _____ Date: _____

VERIFICATION OF RESIDENCE

STUDENT NAME: _____

DATE OF BIRTH: _____ MALE FEMALE (circle one)

If you are an incoming freshman entering Berkeley High on the first day of your ninth grade school year, your school of residence is BERKELEY HIGH SCHOOL.

NINTH GRADERS: Are you entering Berkeley High on the first day of the school year?

YES NO (circle one)

TENTH THROUGH TWELFTH GRADERS: Did you attend Berkeley High for ALL of last year?

YES NO (circle one)

If you circled "NO" to either question above, you must see the Athletic Director or the Principal as soon as possible. As a transfer student, you may be required to fill out some additional forms to verify your eligibility. Until you have been cleared by the Athletic Department, you are not eligible to participate in any athletic contest.

I am the person who has legal custody of the above student and thereby am acting as the guardian to the above person in all matters pertaining to school attendance during the school year. I further understand that if the student's residence changes, I am responsible for immediately informing the principal of the school that the student is currently attending.

Signature of parent/guardian: _____ Date: _____

Signature of student: _____ Date: _____

***** Falsification of signatures or information will result in loss of eligibility. *****

Students who intend to participate in athletics must see their principal immediately if:

- (1) They transfer from one school to another;
- (2) They change their residence while attending their current school;
- (3) They plan to transfer to another school without changing their address.

Failure on the part of an athlete to report his/her current legal residence or a change of residence to the principal of the school s/he is attending may result in:

- (1) Athletic ineligibility for the the athlete for at least one year;
- (2) Forfeiture of all contests/games won by the team on which the ineligible student played.

Print Name of Student-Athlete

I. Steroids Policy:

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

II. Code of Ethics for Student-Athlete and Parent.

- Embrace the six pillars and 16 Principles of Pursuing Victory With Honor program (on reverse side).
- Be courteous at all times with school officials, opponents, game officials, and spectators.
- Exercise self-control.
- Be familiar with the rules of the contest.
- Show respect for self, players, officials, coaches, and spectators.
- Refrain from the use of foul and/or abusive language at all times.
- Respect the integrity and judgment of game officials.
- Abstain from the use of illegal and nonprescription drugs, anabolic steroids, and alcohol.
- Win with character; lose with dignity.

I have read and I understand the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory With Honor. I agree to abide by this policy while participating and/or spectating at CIFNCS athletic events regardless of contest site or jurisdiction.

I also hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Berkeley Unified School District and Berkeley High School policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Athlete _____ Date _____

Signature of Parent/Caregiver _____ Date _____

Berkeley High School Mountain Bike Team Rules

1. **Never take risks.** This is the number one rule; athletes that have a risk-taking attitude or are witnessed to take risks will not be tolerated. A risk is defined as willingly attempting anything, which is beyond one's ability to control in a safe manner.
2. **Ride Predictably:** When ride with others always ride in a straight, steady, and predictable manner. Swerving onto sidewalks, burms, or jumps is unacceptable and will result in consequences.
3. **Wear a helmet at all times.** Under no circumstances should a student be on their bike with out a helmet fastened to their head. While other racers may be seen cruising around before and after races with out a helmet, BHS Team members will be suspended from racing with the team for violating this rule.
4. **Always Yield.** Even if at times it seems inconvenient. Being sensitive to how others perceive you will assure a positive image for your sport and minimize the restrictions that follow confrontations and negative encounters. *Remember* that bicycles in the backcountry can be an unwelcome experience for horses and hikers.
5. **Pass with Care.** Let others know of your presence well in advance. Use a chime or audible greeting to avoid startling others. Be especially careful when passing a horse, as each will react differently; stop and ask the rider for instructions. By asking if the horse is easily spooked, you show an awareness of the rider's needs. Sometimes it may necessary to dismount and remove your bike from the trail to allow others to pass.
6. **Stay on Trails.** Riding off-trail damages meadows and other fragile ecosystems. Never cut switchbacks as this accelerates erosion. Beware the types of soil you are riding on. Never ride on muddy trails and carry your bicycle around muddy spots.
7. **Control your speed.** Safe speeds are relative to terrain and your experience as a rider. Be able to stop safely without skidding in the distance that you can see ahead. Approach switchbacks and turns in anticipation of someone coming around the bend.
8. **Respect Wildlife and livestock.** Do not frighten animals. Close gates as you pass through, unless it appears obvious that they have been intentionally left open.
9. **Do Not Litter.** Pack out what you pack in, and if possible, carry out more than you share.
10. **Ride Only on Authorized Trails.** Check with local authorities regarding open trails and conditions, and with landowners regarding private land access. Stay off trails that are closed to bicycles.
11. **Plan Ahead.** The off-road bicycle will open new horizons to you. Some of these should be approached with respect. If distances are involved, do not travel solo. Expect weather changes. Leave word where you plan to go and when you plan to return.
12. **Minimize Impacts.** The practice of minimum impact wilderness use is the philosophy of responsible off-road cyclists. Take only pictures

DISRESPECT OF THESE RULES MAY LEAD TO A SUSPENSION FROM TEAM ACTIVITIES

Berkeley High School Mountain Bike Club

CONSTITUTION & BY-LAWS

October 2003, updated November 2005

INTRODUCTION

The Berkeley High Mountain Bike Team is technically a club, because of the sport not yet being eligible for CIF approval at this time. The team satisfies all the requirements of a club but operates as a fully functional athletic program within the high school.

CONSTITUTION

Article 1

NAME AND MISSION

- 1.1. The organization shall be known as the Berkeley High Mountain Bike Team.
- 1.2. The mission is to provide students that have the desire to mountain bike the coaching and camaraderie that will help them achieve both competitive and non-competitive cross-country goals in a safe and enjoyable manner.

Article 2

MEMBERSHIP

- 2.1. Membership in this team is open to all high school students at Berkeley High.
- 2.2. The composition of the team's governing body shall be one sponsoring teacher and a president, vice president, team captain elected by the members.
- 2.3. Club membership requires having, at any time, an attendance record of two-thirds present (2/3). A member not willing to attend at least two of the three practices a week may be subject to consequences. Attending all team meetings is also a required obligation of club members.

- 2.4. In order for a quality mountain bike club to exist, there are important things that have to get done on a yearly basis. Since ultimately the club members benefit from the behind the scenes work, it only makes sense that club members should be called upon to assist with the logistics of operating the team. In order to encourage an equitable distribution of the work, team membership shall require **eight** hours of team service. Four hours of this service shall be completed by end of February. Team service includes, among other things, registering the team for a race, mailing promotional materials for the team, and participating in fund raising activities. Acceptable team service activities may be determined by consulting the team director.
- 2.5. The consequence for not attending practice rides depends upon the reason for absence. Consequences are administered as follows:

*Based upon a full season of practice days (Tuesday, Thursday, Sunday) excluding holidays. There are **70 days** of practice in a season. Also, missing team meetings contributes to missed practices (2 meetings = 1 practice).*

Based upon the 2/3 requirement, a member can miss up to 23 days of practice. However, of those twenty-three days, a maximum of 10 days may be unexcused. Consequences for not fulfilling these requirements are as follow:

- STEP 1: Occurs when member has missed 12 days for excused reasons, and/or 3 days for unexcused reasons. Warning is issued that member becomes ineligible for racing with the club if no immediate improvement is observed.
- STEP 2: Member has missed 23 days for excused reasons, and/or 5 days for unexcused reasons. Member is ineligible for racing. Warning is issued that member becomes ineligible for participating in club rides, or other activities unless immediate improvement is observed.
- STEP 3: Warning as specified in part STEP 2 has been issued and no improvement has been observed, member becomes ineligible for participating in club rides or other activities — the member is dismissed from the club.

Excused absences include: Sickness or injury, religious or family obligations, mechanical problems (Max. of 3 days per mechanical problem) and racing.

Unexcused absences include: Schoolwork, forgetting, poor time management, oversleeping, sold bike. Permission for independent training may be granted for planned, verifiable, and approved training. This must be pre-approved by the coach.

2.4. The team dues assessment shall be as follows:

A. Each member will be asked to make a \$250 dollar voluntary donation.

B. Students eligible for free or reduced lunches will be eligible for scholarship to cover the cost of dues.

2.5. The declaration date and scheduling meeting to declare participation in the team will be in October. All required forms necessary for participation on the team shall be completed prior to the first practice in order to be eligible to practice. If forms are not completed by completion of second practice, interested rider is not eligible to be on team.

Article 3

MEETINGS

3.1. There shall be meetings approximately every other week from October until May.

3.2. The team director shall have the power to call special meetings at his/her discretion.

Article 4

OFFICERS / DUTIES

4.1. President - Serves as liaison between members and director/coaches. Initiates phone tree communication. Helps with administrative work.

4.2. Vice-president - Coordinates yearbook page. Performs all data entry. Compiles statistics.

4.3. Team Captains - Serves as key motivators and leaders on rides and at races. Mentors all riders. Communicates with adult ride leaders about any rider or ride concerns.