



Cycling Association of Star Valley (CASV) Ride Roster

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ATTENTION RIDE LEADERS

1. Make sure EVERY rider signs the roster and provides the information requested.
2. Make a note of which riders do not complete at least half the ride.
3. Before starting ride, read aloud the ride practices in bold type above.
4. You may prohibit any individual from participating whose equipment or riding practices are unsafe or you otherwise determine is unable to finish the ride.

RIDE LEADERS REPORT OF INCIDENT

To be completed by the ride leader (or person in charge) after ANY incident involving injury, loss or damage, during a CASV sponsored event **regardless** of the apparent seriousness of the incident.

1. Date ___/___/___ Time _____ am/pm and Place of Incident

2. Name(s), addresses and telephone numbers of person(s) involved in incident:

3. Name(s), address(es) and telephone number(s) of witnesses:

4. Name of person making report:

Telephone numbers of person making report: ___-___-____ (work); ___-___-____(home).

Date of report: ___/___/___.

This report is to be submitted to the CASV Ride Captain within 24 hours.

(copy this form double sided and have each participant sign **before** ride leaves, be sure late-comers sign!)

Emergency Numbers – 911 for all emergencies

Afton PD – 307-885-2677

WY State Police 888-996-7623

Lincoln County Sheriff 307-886-5231

Alpine PD – 307-654-7455

ID State Police – 208-884-7000