

## IPMBA CYCLING EXPERIENCE QUERY SHEET

The IPMBA Cycling Experience Query Sheet is designed to provide the instructor(s) with valuable information about your cycling experience. Becoming familiar with your current knowledge and skills will enable us to maximize your learning potential and minimize the risk of injury. Your personal and departmental contact information is required in order for us to maintain comprehensive records of all IPMBA training conducted. Personal addresses, phone numbers, and email addresses are not made available to outside parties.

Name: \_\_\_\_\_

Department/Agency Name: \_\_\_\_\_

Department/Agency Address: \_\_\_\_\_

Department/Agency Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Home Address: \_\_\_\_\_

Personal Phone:  Home  Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am enrolling in a  Police Cyclist  EMS Cyclist  Security Cyclist Course

Check off or write in the answers to the following questions as honestly as you can:

Rank your bicycling ability and experience: Novice  Intermediate  Expert

1. How long have you been an adult cyclist? \_\_\_\_\_

2. How long have you been involved with Law Enforcement/EMS/Security? \_\_\_\_\_

3. Do you currently work/have you previously worked as a Police/EMS/Security Cyclist?  Yes  No

If "Yes", for how long? \_\_\_\_\_  Part Time  Full Time

4. Are you planning on becoming a member of a bike unit?  Yes  No

5. Do you ride for recreation?  Yes  No

If "yes", approximately how many miles do you ride per year? \_\_\_\_\_

6. Check off all the kinds of riding you do, or have ever done:

Local Touring

Long Distance Touring

Fitness Riding (4+ days/week)

Fitness Riding (<4 days/week)

Road or MTB Racing

BMX

Recreational/Leisure

Commuting

Bike Duty

None

7. What is the longest distance you have ever ridden a bicycle in a 24-hour period?  
\_\_\_\_\_
8. Do you own a bicycle?  Yes  No How many? \_\_\_\_\_  
List the types/brands and condition of each (good/fair/poor):  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you understand derailleur gearing systems and how they work?  
 Yes  No
10. Can you change a rear flat?  Yes  No
11. Do you know what a "good spin" is?  Yes  No  
If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_
12. Do you know how to determine your maximum heart rate?  Yes  No  
If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_
13. Can you maintain your own bicycle? (work or personal)  Yes  No  
How would you describe your mechanical skill?  
 Basic  Intermediate  Expert
14. What do you hope to learn at this bike course?  
\_\_\_\_\_  
\_\_\_\_\_
15. Do you have any previous injuries or disabilities which would limit your participation and/or are you likely to be re-injured during this training?  Yes  No  
If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_