REGISTRATION APPLICATION

STUDENT INFORMATION- PLEASE PRINT

Student's Legal Name: _____ Class Date: _____

Date of Birth: _____ Age: _____ Email: _____

Driver's License #: _____ Student Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT OR LEGAL GUARDIAN INFO-PLEASE PRINT

Parent/Guardian name: _____

Phone number: _____

Address (if different from student): _____

Person to Notify in case of Emergency: _____

Phone Number: _____ Relationship to Student: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

VEHICLE INFO- PLEASE PRINT

What vehicle will the student use for the course? _____

Vehicle make: _____ Model: _____ Year: _____

Who is the vehicle registered to (owner): _____

Vehicle Insurance Policy Number: _____

Expiration Date: _____ Insurance Company Name: _____

By signing below I am giving permission to use the above vehicle in the T.R.A.C.K. training program. If the owner/registration of vehicle is in a juvenile name, the parent and juvenile will both have to sign for permission to use the vehicle.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

STUDENT SIGNATURE (if applicable): _____

DATE: _____