

Young Driver Risk Reduction Course Registration Form

Course Date: 1st Choice: _____ 2nd Choice: _____

An e-mail confirmation will be sent confirming your enrollment in the class of your choice.

Please do not assume you are enrolled in a class unless you receive a confirmation.

Name: _____

Last

First

MI

Home Address: _____

City, State & Zip Code: _____

Date of Birth: _____ Age: _____ Sex: M F

E mail Address: _____

Driver's License #: _____ Issue Date: _____

School Attending: _____

Parent/Guardian Phone#: _____

Home:

Work:

Cell:

To Students and Parents

We have a minimal amount of time to train young drivers to face the complex problems associated with today's driving environment. The classroom material and range instruction is vital for understanding traffic situations and successful completion of the driving exercises. Students will be responsible for their own behavior while in the class. Therefore, any student acting in a manner that is considered disruptive or counterproductive to the teaching/learning process will be dismissed from the class. The instructor has full authority to do this, and his decision is final. There is a no refund policy if this occurs. We do not anticipate any problems, but this policy is for your safety and the safety of the other students.

By signing this form, I acknowledge that I am subject to dismissal from this class if my actions are considered disruptive or counterproductive to the teaching / learning process.

STUDENT: _____

Parental Consent:

The undersigned parent or legal guardian of the above named student hereby consents to the participation of said student and to the terms stated above.

PARENT OR LEGAL GUARDIAN _____

DATE _____

This statement must be signed by the student and parent/ legal guardian before the student will be enrolled into the class.