

PLEASE PRINT
LEGIBLY. ANSWER
ALL QUESTIONS



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NAME: _____ DOB: _____ DESIRED SCHOOL DATE (Important): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OFFICE PHONE: _____ CELL: _____

FAX: _____ EMAIL ADDRESS: _____

IF AN EARLIER SCHOOL DATE OPENS SHOULD WE CALL YOU? YES NO

IMPORTANT DRIVER INFORMATION

(yes or no)

WEIGHT: _____ HEIGHT: _____ WAIST SIZE: _____ DO YOU HAVE RACING EXPERIENCE? _____

IF YES, PLEASE DESCRIBE YOUR RACING BACKGROUND: _____

MEDICAL INFORMATION

(yes or no)

DO YOU HAVE ANY MEDICAL LIMITATIONS THAT WOULD NOT ALLOW YOU TO CONTROL A RACING VEHICLE? _____

IF YES, EXPLAIN IN DETAIL: _____

(yes or no)

DO YOU HAVE ANY OF THESE: HIGH BLOOD PRESSURE, NERVOUS CONDITIONS, HEART PROBLEMS? _____

DO YOU UNDERSTAND VERBAL COMMANDS? ARE YOU PREGNANT? HOW MANY MONTHS? _____

DO YOU HAVE BACK OR NECK PROBLEMS THAT WE SHOULD KNOW ABOUT? (CHECK ONE) YES: NO:

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR PHYSICAL OR MENTAL CONDITION? (PLEASE BE HONEST) _____

WHO SHOULD WE FIRST CONTACT IN AN EMERGENCY? _____

IS THIS A FRIEND OR RELATIVE? WHAT IS/ARE THEIR PHONE NUMBER(S)? _____

PAYMENT TYPE - TO INSURE YOUR RESERVATION IN THE SCHOOL, FULL PAYMENT IS REQUIRED IN ADVANCE OF YOUR SELECTED SCHOOL DATE. CANCELLATION MUST BE MADE 48 HOURS BEFORE YOUR SCHOOL AND ENROLLMENT FEES WILL APPLY TO A FUTURE DATE. WE ACCEPT PAYMENT BY CHECK, MONEY ORDER, CASH OR CREDIT CARD. PAYMENT MUST BE INCLUDED WHEN SENDING IN YOUR ENROLLMENT FORMS TO US. THANK YOU. IMPORTANT, **DO NOT FAX ENROLLMENT FORM**. IT MUST BE MAILED IN ALONG WITH PAYMENT.

SIGNATURE: _____ DATE: _____

PLEASE NOTE: PEOPLE ACCOMPANYING STUDENTS TO THE SCHOOL WILL NOT BE ALLOWED TO PARTICIPATE IN THE CLASSROOM PHASE. BUT ARE FREE TO WATCH AND PHOTOGRAPH/VIDEO TAPE THE ON TRACK PHASE OF THE SCHOOL. THANK YOU FOR YOUR COOPERATION.