

Motorcyclist Awareness Program
Registration Form

Name _____ Date _____
(Last) (First) (Middle)

Address _____

(City) (State) (Zip)

Daytime Telephone _____ Evening Telephone _____

Operator License Number _____

Birth Date _____ Age _____ Gender (Circle One): M F

County of Residence _____

Off-road motorcycle experience (Y/N): _____ Number of motorcycles in family _____

Education Completed (Circle One): Less than high school High school/GED
Some college College Graduate
Postgraduate

I understand that if I cause a behavior or discipline problem during the course, the facilitator must dismiss me. Should I be dismissed, I am not eligible for a refund and must re-enroll and pay the fee should I wish to repeat the course later. A behavior or discipline problem is any action that would result in a course disruption that negatively affects the conduct of the program or learning for participants. Today's presentation is being made by the facilitator(s) with materials supplied by the Motorcycle Safety Foundation as a public service. While the facilitator(s) cannot and will not assume responsibility for the safe operation of your motorcycle, it is hoped that by presenting responsible viewpoints on safety that riders and the general public will be exposed to proper and prudent motorcycle operation. The facilitator(s) is here to assist your learning and cannot guarantee it or put it to use.

Printed Name Signature

<i>Required if participant is under the age of 18 years</i>
I also hereby consent to the issuance of a motorcycle permit.
Signature of parent or legal guardian: _____
Relationship to participant _____