

# 1st CHOICE MOTORCYCLE SCHOOL

Phone:250-507-4777

Email:1stchoicemotorcycleschool@gmail.com

## Application for Motorcycle Rider Training

### Please Check Desired Course

Novice Rider Course: \_\_\_\_\_ Hourly: \_\_\_\_\_ Other Course: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

### Personal Information

Surname: \_\_\_\_\_ First name & Initial: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Please complete all sections and be sure your name matches your driver's licence exactly.**

Licence Information Drivers Licence No. \_\_\_\_\_ Class: Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Restrictions (code numbers): \_\_\_\_\_

Learners Licence No. Class: Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Medical Information

Please indicate any medical condition, physical disability, previous injury or weakness that might affect you during Training. If you are currently on medication or under a doctor's care, please specify the condition you are being treated for:

Please indicate if you suffer from:

Heart Condition \_\_\_\_ Diabetes \_\_\_\_ Epilepsy \_\_\_\_ Colour Blindness \_\_\_\_ Hearing Loss \_\_\_\_

Muscle Control \_\_\_\_ Bone or Joint Problems \_\_\_\_

Specify any other condition that could affect you during training:

### Emergency Medical Contact Information

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

### Driving Background

Bicycle: Years \_\_\_\_\_ Automobile: Years \_\_\_\_\_ Motorcycle: Years \_\_\_\_\_  
Commercial Vehicle: Years \_\_\_\_\_ Previous Driver Training: \_\_\_\_\_

### Where Did You Hear About Us??

Website \_\_\_\_\_ Phonebook \_\_\_\_\_ MC Dealer \_\_\_\_\_ Insurance Co. \_\_\_\_\_ ICBC \_\_\_\_\_  
Course Grad \_\_\_\_\_

### Training Agreement

I hereby apply for motorcycle training conducted by 1<sup>st</sup> CHOICE MOTORCYCLE SCHOOL, and hereby promise to pay the tuition fee of \$ \_\_\_\_\_ in full prior to the start of training. I understand and accept the condition that attendance at all training sessions is mandatory and that no refund of tuition will be made for missed sessions. I also realize that extra fees will be charged for missed sessions, extra training or any make-up training that I may require. I also confirm that I have disclosed all relevant medical information as required on this application form and promise to advise my instructors of any change in my physical condition that could affect my training.

I have read, understand, and hereby agree to be bound by the 1<sup>st</sup> CHOICE MOTORCYCLE SCHOOL's Waiver of Liability agreement(s):

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

I have read, understand, and hereby agree to be bound by the 1<sup>st</sup> CHOICE MOTORCYCLE SCHOOL Cancellation and Transfer Policies:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Cash: \_\_\_\_\_ Date Received \_\_\_\_\_

Etransfer: \_\_\_\_\_ Date sent: \_\_\_\_\_