



Dedicated to the
Enjoyment of the Marque



COASTAL EMPIRE REGION PCA DRIVER'S EDUCATION Non-Driving Student Application

(Please print legibly)

Name: _____ Age: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
In Emergency Notify: _____ Phone: _____ At track: Yes/No
Address: _____ City: _____ State: _____ Zip: _____
Current medical conditions (i.e. diabetes, high blood pressure, bleeding disorder):

Significant past medical history (i.e. heart attack, stroke, kidney stone):

Significant past surgical history (i.e. heart bypass, joint replacement):

Current medications: include daily Rx, OTC and as needed meds (i.e. nitro, Viagra):

Allergies: include drug, food, and environmental (i.e. bee stings):

List any special conditions (include disabilities and physical limitations):

Doctor or healthcare provider: _____

Phone: _____ City: _____ State: _____

Circle Y or N

| | | | | | |
|----------|-----|-----------|-----|-------------|-----|
| Contacts | Y N | Dentures | Y N | Asthmatic | Y N |
| Diabetic | Y N | Epileptic | Y N | Hemophiliac | Y N |

REQUIREMENTS of Non-Driving Student

1. Helmet – Snell SA2000/2005 Loaner helmets are available from the Chief Instructor or the DE Chairman
2. Long or short sleeve shirt (cotton/wool), long pants, and leather or canvas shoes.
3. 18 years of age or older (ID may be checked).
4. If at any time you feel uncomfortable as a Non-Driving Student and wish to end your participation in any portion of the event or run group session, it is your responsibility to inform your instructor of your desire to end your participation.

Entry entitles student to attend any or all classroom sessions and to receive a minimum of one 15 minute on-track passenger session with an instructor approved by the Chief Instructor or the DE Chairman. Event organizers will do their best to assign students with the instructor of their choice, but the event officials will make the final decision.

Fees: \$25 (if check, make payable to Coastal Empire Region – PCA)

I hereby certify the information on this form to be correct, that I meet and understand the requirements of participation and that I have no known physical or mental problems that might jeopardize others or myself if I participate in this event. I acknowledge that the Coastal Empire Region PCA Driver Education Program entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the Driver Education event. My participation in this Driver Education event is purely voluntary, I expressly agree to accept and assume all of the risks and I elect to participate in spite of the risks.

Signature: _____ Date _____

