## MOTORCYCLE INSTRUCTION APPLICATION FORM AND NEW RIDER AGREEMENT

LEARNING CURVES MOTORCYCLE SAFETY, INC. 414-476-RIDE(7433) or info@iwanttoride.com

Check out our website at www.iWantToRide.com

New Rider Information (As shown on your Drivers License)					Today's date:
Name:(Last Name, First, M.I.)					Date of birth:
Street Address:				City:	
e-mail:				State, Zip:	
Home Phone #	D	ay#		Cell#	
Drivers License #					
Emergency Contact (Name a	nd relationship and ph	one #)			
Do you have any medical cor	ditions the rider coach	should be aware of?			
	_Under Age 18	Cycle Instruction			CONS? (Check Only If Required) Coad Test (2 Failures)
This course is designed for a take a rider from no experience the objectives of each exercise	person with little or no ee to that of a rider witl e throughout the entire	motorcycle experience n basic competencies f e course. With this ins	or riding a motorcycle truction and meeting a	. It is the student's all requirements to	ding education. This course wil responsibility to learn and meet complete the class successfully Safety will provide motorcycles
refunds will be given for such and safe learning environmen • Cancellation/Reschedule p in the schedule that you have • Refund policy: The school Including but not limited to - I dismissed from class for unsa	a dismissal. Student st.  olicy: If a student drop chosen as all resched will not refund any tui f the student: A. Misses fe/unruly actions. C. A uations. F. Cancels, 7 of	afety is always our higher as out of the class for a cluded students are subjection or part of tuition if any part or portion of the firities for the range portions or sooner, before states.	htest priority, LCMS wany reason there will be ect to \$200 reschedu the school is ready, where required classroom tion of class without rescheduled class. G. If	ill do everything in be NO REFUND of ling fee. villing and able to for range time <b>DON</b> equired safety gear.	ed to leave the program and Notits power to facilitate a positive class fee. PLEASE be confident fulfill it's part of the agreement. B'T BE LATE!. B. Drops out or is D. Misses class for any reason, ander the influence of, alcohol or
must have the co-signature of statement or promises will be	f a parent or legal guar recognized"(this porti ment. This agreement	dian. "This constitutes on of the form is requi will only be valid upo	the entire agreement red by the Wisconsin n payment in full and	between the schoo DOT)	II students under the age of 18 I and the student and no verba low, indicating that you have
Student Signature				Date	
Print Name					
Parent/Guardian Signature				Date	
Print Name					
Below is for Learning Curves LCMS Representative Signature Student # ps	re	use only:	date completed:	Date	ication #