ROADCRAFT
MOTORCYCLE ACADEMY

Application For Training

PERSONAL INFORMATION:

Full Legal Name: ______________________________ **Birth date: D**_______ **M**_______ **Y**_________
Preferred Name: ______________________________ **Height:** ___________ **Weight:** ____________
Address: ____ **Male:** _____ **Female:** ______
Occupation: ____
Phone: (H): __________________ **Day:** _______________ **Employer:** ______________________________
Email: ____

In Case of Emergency, Name: ___________________ Contact: _________________ Relationship: _________

LICENSE INFORMATION:

Drivers' License Number: ___________________ **Class: 1 2 3 4 5 6 Expiry Date:** _______________
License Restriction: ☐ **Glasses** ☐ **Speed** ☐ **Other** ____________________________

MEDICAL INFORMATION:

Please indicate any medical condition, physical disability, previous injury, weakness or any other conditions that could affect you during training.

☐ NONE	☐ Diabetes	☐ Muscle Control
☐ Heart Condition	☐ Hearing Impairment	☐ Previous Injuries
☐ High Blood Pressure	☐ Bone or joint problem	☐ Epilepsy
☐ Pregnancy	☐ Colour Blindness	
☐ Back Problems	☐ Other: __________________________	

If you are currently under a doctor's care, please specify condition being treated and any medications taken: ____

REFERENCE:

What skills would you most like to improve?

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