

Motorcycle Instruction Application Form and New Rider Agreement 2008

Learning Curves Motorcycle Safety, Inc.
PO BOX 14484, West Allis, WI 53214
www.iWantToRide.com

414-476-RIDE(7433)
fax 414-476-5888
info@iWantToRide.com

Rider Information

Today's date ____/____/____

Name: (Last name, first, m.i.)		Date of Birth ____/____/____
Driver's License #		Gender M___F___
Street Address:		City,
e-mail		State, Zip
Home Phone #	Day#	Cel#
Emergency Contact (Name and relationship and phone #)		
Do you have any medical conditions the rider coach should be aware of?		

Riding Course Dates Desired (see back of this form for class dates)

1st choice _____ 2nd _____ 3rd _____

The Beginning Rider Course (BRC): \$295.00 before April 1st, 2008 (\$335 After April 1st)

• This course is designed for a person with little or no motorcycle experience, or has ridden with little or no formal riding education. This course will take a rider from no experience to that of a rider with basic competencies for riding a motorcycle. With this instruction and meeting all requirements to complete the class successfully the rider will receive a Motorcycle Safety Foundation (MSF) course completion card as well as a Wisconsin Dept. of Transportation DOT Authorization of waiver. It is the student's responsibility to learn and meet the objectives of each exercise. Learning Curves Motorcycle Safety will provide motorcycles for training purposes.

• **Cancellation policy:** If a student drops out of the class for any reason there will be no refund of class fee. If the student needs to reschedule it will be addressed on a case-by-case basis. There will be a reschedule fee of \$150.00 in addition to the fee that has already been paid for the original class.

• **Refund policy:** The school will not refund any tuition or part of tuition if the school is ready, willing and able to fulfill its part of the agreement. Including but not limited to - If the student: A. Missing any part or portion of the required classroom or range time. B. Drops out or is dismissed from class for unsafe/unruly actions. C. Arrives for the first range class without required safety gear. D. Misses class for any reason. E. Fails written or riding tests. F. Cancels after 7 days before scheduled class.

• **Safety policy:** A safe riding environment is important to all riders! Disrespectful and reckless students will be asked to leave the program No refunds will given for such a dismissal. Student safety is always our first priority and LCMS will do everything in its power to facilitate a positive and safe learning environment.

Payment Information: \$150(minimum) must accompany this form before a class can be confirmed. The entire cost of the class is DUE at least 7 days prior to the start of the class of which the student is registered.

\$150.00 is a non- refundable portion that if the student would cancel 7 days prior to class, the ENTIRE class fee is non-refundable if cancelled after the 7-days prior time limit.

Credit Card # _____ Exp. _____ Amount _____ Check# _____ Cash _____

Visa and Mastercard are accepted. Credit card payments will be accepted by fax and phone only. Checks payable to Learning Curves Motorcycle Safety, Inc.

All information provided on this application constitutes a Rider agreement. The Student signature is required and all students under the age of 18 must have the co-signature of a parent or legal guardian. "This constitutes the entire agreement between the school and the student and no verbal statement or promises will be recognized"(this form is required by the Wisconsin DOT)

Please read this entire agreement. This agreement will only be valid upon payment in full and your signature below, indicating that you have read and are responsible for understanding the information in this new rider agreement.

Student Signature _____ Date ____/____/____

Print Name _____

Parent/Guardian Signature _____ Date ____/____/____

Print Name _____

Once this form is completed please fax or send to us to receive a confirmation of class date.

Below is for Learning Curves Motorcycle Safety, Inc. use only:

LCMS Representative Signature _____ Date ____/____/____

Student # _____ pg# _____ waiver # _____ date completed ____/____/____ application # _____ - _____

Notes: