

FLORIDA CITRUS REGION PCA DRIVERS EDUCATION Non-Driving Student Application

(Please Print Legibly)

Name: _____ Age: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____
(Include Area Code)

In Emergency Notify: _____ Phone: _____ At Track: Yes / No

Address: _____ City: _____ State: _____ Zip: _____
(Include Area Code)

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: _____
(Include Area Code)

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 2005 or newer SA, M, and K accepted. (If you don't have your own helmet, it's your responsibility to obtain a helmet from another participant. We will assist you in your effort but will not take responsibility for lending or returning helmets.)
2. Long sleeve cotton shirt, long pants (cotton/denim), 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. 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: \$20. (If check, make payable to Florida Citrus 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 Florida Citrus 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 _____