



**Vancouver Island Safety Council 1005 Henry Eng Place V9B-6B2**

Phone: (250) 478-9584 Fax: (250) 478-9583 Email: visc@islandnet.com

**Application For Motorcycle Rider Training**

**Please check desired course**

Novice Rider Course  Traffic Skills Course  Full Course  Refresher Course  Experienced Rider Course  Women Only Course  Hourly

Course Number(s) \_\_\_\_\_ Course Dates \_\_\_\_\_ Intro Date \_\_\_\_\_

**Personal Information**

Please complete ALL sections

**Be sure your name matches your license exactly**

Surname: \_\_\_\_\_ First Name & Initial: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/

DD / MM / YY /

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**License Information**

Drivers License No. \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Restrictions - code number(s): \_\_\_\_\_  
DD / MM / YY /

Learners License No. \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Restrictions - code number(s): 10-11-44  
DD / MM / YY /

**Medical Information**

Please indicate any medical condition, physical disability, previous injury or weakness that might affect you during training. If you are currently on medication or under a doctor's care, please specify condition you are being treated for:

Please indicate if you suffer from: Heart condition  Diabetes  Epilepsy  Color Blindness  Hearing loss  Muscle control  Bone or joint problems  Specify any other condition that could affect you during training:

**Driving Background**

**Bicycle:** Years \_\_\_\_\_ Kms. in the past year \_\_\_\_\_ **Automobiles:** Years \_\_\_\_\_ Kms. in the past year \_\_\_\_\_

**Motorcycles:** Years \_\_\_\_\_ Kms. in the past year \_\_\_\_\_ **Commercial Vehicle:** Years \_\_\_\_\_ Kms. in the past year \_\_\_\_\_

**Previous Driver Training:** \_\_\_\_\_

**Where did you hear of this course?**

Newspaper  Yellow Pages  Dealer  Special Event  School  ICBC  Course Grad  Other \_\_\_\_\_

**Training Agreement**

I hereby apply for motorcycle training conducted by the Vancouver Island Safety Council, and hereby promise to pay the tuition fee of \$ \_\_\_\_\_ in full prior to the start of training. I understand and accept the condition that attendance at all training sessions is mandatory and that no refund of tuition will be made for missed sessions. I also realize that extra fees will be charged for missed sessions, extra training or any make-up training that I may require. I also confirm that I have disclosed all relevant medical information as required on this application form and promise to advise my instructors of any change in my physical condition that could affect my training.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**Waiver of Liability**

I understand that there is a risk of accident and personal injury in learning to operate a motor vehicle and hereby acknowledge and accept this risk in undertaking this training. I hereby release the Vancouver Island Safety Council, its Officers, Instructors, Employees, Volunteers and Directors from all responsibility for any property damage, bodily injury, liability, costs, expenses and claims of any nature and kind, however arising from, or in consequence of, my participation in training activities conducted by the Council and agree to save harmless the Vancouver Island Safety Council, its Officers, Instructors, Employees, Volunteers, Sponsors and Directors from all claims and rights of action which may arise through my participation in this training.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**Consent of Parent / Guardian**

This section **MUST** be completed if the student is under 19 years of age

I, \_\_\_\_\_, Parent / Guardian of \_\_\_\_\_

hereby consent to his / her enrolment in a motorcycle training course as conducted by the Vancouver Island Safety Council. I understand and consent to the conditions of enrolment for this purpose. I understand that there is a risk of accident and personal injury involved in learning to operate a motor vehicle, and hereby acknowledge and accept this risk in my consent to this training. In addition as parent / guardian of the above named student, on my own behalf, and on behalf of the student, I hereby release the Vancouver Island Safety Council, its Officers, Employees, Instructors, Volunteers and Directors from all responsibility for any property damage, bodily injury, liability, costs, expenses and claims of any nature and kind, howsoever arising from, or in consequence of such students participation in training activities conducted by the Council, its Officers, Employees, Instructors, Volunteers, Sponsors and Directors from all claims and rights of action which may arise through participation of such student in this training.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**For Office Use Only**

Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Visa / M. Card / Cheque / Cash / Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_ Extra Training or Retest: \_\_\_\_\_ Visa / M. Card / Cheque / Cash / Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_ Transfer or Cancellation Fee: \_\_\_\_\_ Visa / M. Card / Cheque / Cash / Receipt No. \_\_\_\_\_

Invoice No. \_\_\_\_\_ Refund amount: \_\_\_\_\_ Credit Card No. \_\_\_\_\_

Other Information: \_\_\_\_\_

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