

WELCOME TO THE JIMMY WEINERT TRAINING FACILITY

**Please fill out the following form to register for the
Jimmy Weinert Training Facility**

**If you are paying by check or money order, please mail it to the address listed
on the second page of this form.**

**If you are charging by phone, you still need to fill in the form and **bring it to
the facility** when you visit.**

Please include the last four numbers of your credit card _____

REGISTRATION FORM

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

PHONE _____ CELL PHONE _____ EMAIL _____

MOTORCYCLE _____ NO. OF YEARS RIDING _____

INSTRUCTION _____ LEVEL _____

Supercross Advanced Only
Motocross ___ Beginner ___ Intermediate ___ Advanced
Arena Cross ___ Beginner ___ Intermediate ___ Advanced

LENGTH OF COURSE _____ PRIVATE _____ STANDARD SCHOOL _____

DATES YOU WOULD LIKE TO ATTEND _____

GOALS YOU WANT TO ACHIEVE _____

ANY SPECIAL NEEDS _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE NUMBER _____ CELL NUMBER _____

**WE ACCEPT VISA, MASTERCARD AND DISCOVER AND CHECKS OR MONEY
ORDERS
TO CHARGE BY PHONE, CALL (845) 313-6590**

OR
MAIL YOUR CHECK OR MONEY ORDER TO:

Jimmy Weinert Motocross Training Facility
6502 Highway 58 N
Maysville, NC 28555

Please allow ten days for checks to clear

MEDICAL INFORMATION

ALL PARTICIPANTS MUST HAVE MEDICAL INSURANCE

NAME OF INSURANCE CO _____ POLICY NUMBER _____

ANY MEDICATIONS CURRENTLY TAKEN _____

ALLERGIES _____

NAME OF DOCTOR _____ PHONE NUMBER _____