



## ENROLLMENT FORM

Please complete & return via mail to: 2359 Hwy 70 SE, #110 Hickory, NC 28602

CLIENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_ WEB SITE \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE REGISTERED \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

(A copy of your Drivers License must be attached with this application)

EMPLOYER: \_\_\_\_\_ OCCUPATION \_\_\_\_\_ EMPLOYER PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HELMET SIZE: \_\_\_\_\_ SUIT SIZE: \_\_\_\_\_

ARE YOU EXPERIENCED WITH USING A STANDARD SHIFT TRANSMISSION: \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT MIGHT ENDANGER YOUR LIFE WHILE TAKING THIS COURSE?

IF YES EXPLAIN: \_\_\_\_\_

PAYMENT REQUIREMENTS: 50% Deposit required on all courses. Full payment required 30 days prior to course start date.

COURSE SELECTED \_\_\_\_\_ COURSE LOCATION \_\_\_\_\_ COURSE DATE \_\_\_\_\_

I authorize Sutton Stock Car to charge my credit card: Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_ CREDIT CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

CREDIT CARD INFORMATION: Name on card: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Note: All credit cards must be present at course sign-in for manual processing requirements.

**CANCELLATION POLICY:** I understand that a \$100.00 administration fee for any cancellation or change will be deducted from my payment. Cancellations or changes 30 days prior to course will be assessed 25% of cost, changes or cancellations made less than 30 days will be assessed 50% of cost. Cancellation or changes made less than 14 days prior to course will be assessed 75% of cost. Balance will be applied to next available appointment, as all payments are non-refundable. Failure to attend with out notification will forfeit entire enrollment fee. Initials:

**Advertising, Promotion & other Project Release:** Sutton Stock Car, its duty authorized agents, may name, likeness and any photograph of me taken during the event, in any way, medium or material, for promoting, advertising, recording or reporting any Sutton Stock Car event and for sales and any other purposes of commerce before during and after such event(s), including but not limited to television and broadcast, film production, video tape reproduction and the like, and I do hereby relinquish all rights thereto for such purpose. Initials:

In the event of rain, Sutton Stock Car will extend our services to give the racetrack an opportunity to dry. In the event that it rains throughout the whole scheduled event or in the event of mechanical failure, Sutton Stock Car will make every effort to reschedule at an agreeable time to both parties. No refunds. Sutton Stock Car is not responsible for any cost to client in regard to rescheduling. Any decision made regarding the postponement of your scheduled event will be based upon our goal to provide client with a safety for both the racer and the race car & equipment. For the purpose of safety, Sutton Stock Car reserves the right to accept or deny any or all applications.

I HAVE AND UNDERSTAND ALL OF THE ABOVE: (Signature) \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME HERE: \_\_\_\_\_



## SUTTON STOCK CAR

**Medical Profile (must be present @ sign in)**

**Please attach your photo to upper right of this form.**

**Please complete & return via mail to: 2359 Hwy 70 SE, #110 Hickory, NC 28602**

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# (home) \_\_\_\_\_ (work) \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

### IN CASE OF EMERGENCY:

Contact # 1 \_\_\_\_\_ (Phone) \_\_\_\_\_

Contact # 2 \_\_\_\_\_ (Phone) \_\_\_\_\_

### Medical Information:

Blood Type \_\_\_\_\_ Dentures \_\_\_\_\_ Partial \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Tetanus Shot (date of last) \_\_\_\_\_

Current Medication: \_\_\_\_\_

### Allergies:

Medication: \_\_\_\_\_

Food and/or enviromental: \_\_\_\_\_

Physical Limitation: \_\_\_\_\_

Do you have? Please  Heart Problems ( ) Diabetes ( ) Asthma ( ) Spinal Problems ( )

Other \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_