



# Medsker Racing College

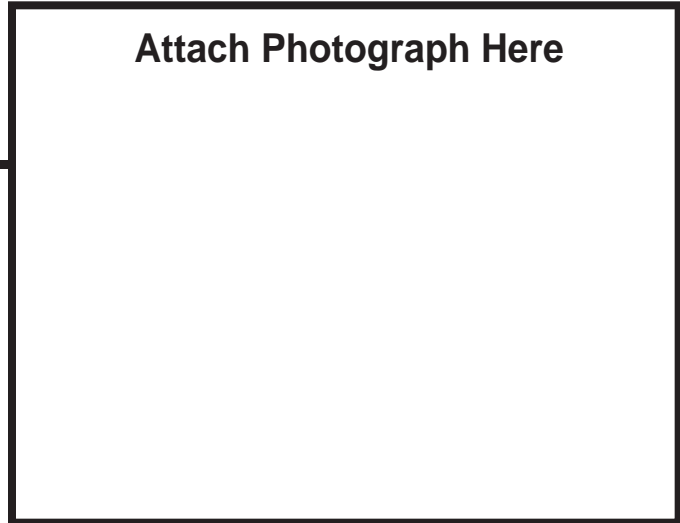
106 N. Creek Drive  
Quinby, South Carolina 29506

## Application for Enrollment

Name: \_\_\_\_\_  
 Birthday: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Phone #: (    )

AMA# \_\_\_\_\_ Age: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Apartment Number: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fax #: (    )

**In case of emergency contact:**  
 Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_



### I. Education Background

Last grade completed: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Do you have a high school diploma or GED?    YES    NO

Do you have a 2 or 4 year college degree?    YES    NO

If not, do you plan to go to college?    YES    NO

Why do you want to attend our racing school? (Use additional paper if necessary)

### II. Riding and Racing Background

Years of riding experience: \_\_\_\_\_    Years of racing experience: \_\_\_\_\_

What level of a rider do you consider yourself? (Circle one)    **Pro**    **Pro-Am**    **A**    **B**    **C**

What type and size of bike do you ride? \_\_\_\_\_

List any major race tracks you have raced at:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

### III. Previous Race Schools Attended (please list)

1. \_\_\_\_\_ Date: \_\_\_\_\_  
 2. \_\_\_\_\_ Date: \_\_\_\_\_  
 3. \_\_\_\_\_ Date: \_\_\_\_\_

What do you expect to get out of racing college? \_\_\_\_\_  
 \_\_\_\_\_

How did you learn about our racing school? \_\_\_\_\_

**IV. Cancellation Policy:** If the student applicant cancels after paying any money to the Medsker Racing College, they have the right to transfer to another quarter date within 12 months of application. Dr. Medsker reserves the right to retain all tuition payments. Textbooks and all pre-classroom study materials including the audiocassette-training program are non-refundable and have a value of \$250.00 US.

### V. Permission to Perform a Background Search

My signature below gives Dr. Medsker permission to perform a background search on me. If I am taking any perscription medications, my doctor releases me to participate in MRC's training-racing program. I understand that an eterance acceptance or dismissal from this riding-racing program may be based on subjective criteria.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date