

XS Rider Training Scheme

Leeds: 0113 3226439 - Castleford: 01977 806115

OWL WOOD FARM, ALLERTON BYWATER, CASTLEFORD WF10 2AN

www.xsrts.co.uk

REGISTRATION FORM

Please use block capitals

SURNAME _____ FIRST NAME(S) _____

CURRENT ADDRESS _____

POST CODE _____ TELEPHONE NUMBER (inc. STD Code) (_____) _____

Please tick boxes as appropriate

DRIVING LICENSE DETAILS

DRIVER NUMBER

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AGE (Years)

--	--

 DATE OF BIRTH

--	--	--	--	--	--	--	--	--	--	--	--

IS YOUR LICENSE A: **FULL CAR** **PROVISIONAL**

IS YOUR PROVISIONAL ENTITLEMENT FOR A: **MOPED** **MOTORCYCLE**

ARE YOU: **MALE** **FEMALE**

BIKE DETAILS

ARE YOU USING THE SCHOOLS BIKE **YES** **NO** (If **YES** then go directly to **PAYMENT DETAILS**)

MAKE OF BIKE _____ MODEL _____ ENGINE SIZE _____cc

REGISTRATION NUMBER

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PAYMENT DETAILS

IF THE COURSE IS TO BE PAID FOR BY A **DEALER**, PLEASE PROVIDE THE DEALERS NAME _____

DISCLAIMER

XS RIDER TRAINING SCHEME will not disclose any information about you to any company or private individual, with the exception of information required by The Driving Standards Agency in order for us to fulfil our obligation .

XS RIDER TRAINING SCHEME, its instructors, officers and the owners of the land and buildings, can not and will not be held responsible for any death, injury or damage to yourself or your property however it is caused, on any of our courses at any time. Motorcycle riding is potentially dangerous and you are with us entirely at your own risk.

SIGNATURE OF TRAINEE _____ DATE _____