



1-800-922-BIKE

2021 TRAINING SEASON

STUDENT REGISTRATION

REGISTER ONLINE @ <https://motorcycle.msun.edu>

PERSONAL DATA

<input type="radio"/> MR. <input type="radio"/> MS.	NAME (LAST)	(FIRST)	(M.I.)
STREET ADDRESS/PO BOX			DRIVER'S LICENSE STATE & NO.
CITY	STATE	ZIP	E-MAIL ADDRESS
HOME PHONE	WORK PHONE	DATE OF BIRTH	HEIGHT (Feet/Inches)

RIDING EXPERIENCE

CAN YOU RIDE A BICYCLE? <input type="radio"/> YES <input type="radio"/> NO	WHAT IS YOUR RIDING EXPERIENCE? <input type="radio"/> RIDER <input type="radio"/> PASSENGER <input type="radio"/> BOTH <input type="radio"/> DIRT <input type="radio"/> RE-ENTRY <input type="radio"/> NONE
HOW DID YOU FIND OUT ABOUT THIS COURSE? <input type="radio"/> DEALER <input type="radio"/> FRIEND <input type="radio"/> DRIVER LICENSING <input type="radio"/> WORK/SCHOOL <input type="radio"/> OTHER	

MEDICAL

THE FOLLOWING QUESTIONS ARE SOLELY FOR THE USE OF THE INSTRUCTOR IN CASE OF AN ACCIDENT OR ILLNESS WHILE TAKING THE COURSE.

DO YOU HAVE ANY MEDICAL CONDITION THAT MAY AFFECT OR BE AFFECTED BY YOUR PARTICIPATION IN CLASS? <input type="radio"/> EPILEPSY <input type="radio"/> HIGH BLOOD PRESSURE <input type="radio"/> DIABETES <input type="radio"/> HYPOGLYCEMIA <input type="radio"/> HEART PROBLEMS <input type="radio"/> NONE
ARE YOU TAKING ANY MEDICATION, INCLUDING OVER-THE-COUNTER MEDICINES THAT MIGHT HINDER YOUR PHYSICAL ACTIVITY? <input type="radio"/> ANTIHISTAMINES <input type="radio"/> PAIN MEDICATIONS <input type="radio"/> ALLERGY PILLS <input type="radio"/> SEIZURE MEDICINES <input type="radio"/> NONE <input type="radio"/> OTHER

COURSE SELECTION

(Please view <https://motorcycle.msun.edu> & click Register for a Class, then click On-Line for available course dates.)

COURSE TYPE---	<input type="radio"/> BASIC RIDERCOURSE MOTORCYCLES & HELMETS PROVIDED	<input type="radio"/> BASIC RIDERCOURSE 2 RECOMMEND MIN. 1 YEAR RIDING EXPERIENCE MOTORCYCLE PERMIT REQUIRED	<input type="radio"/> ADVANCED RIDERCOURSE MOTORCYCLE ENDORSEMENT REQUIRED
PREFERRED COURSE DATE _____	LOCATION/CITY _____		
1 ST ALTERNATE COURSE DATE _____	LOCATION/CITY _____		
2 ND ALTERNATE COURSE DATE _____	LOCATION/CITY _____		

PAYMENT

<ul style="list-style-type: none"> ➤ Please make checks payable to MSU-Northern ➤ Payment must accompany registration ➤ Absolutely no refunds in last seven (7) days prior to first course meeting 	<p>BASIC RIDERCOURSE -- \$175</p> <p>BASIC RIDERCOURSE 2 -- \$80</p> <p>ADVANCED RIDERCOURSE -- \$80</p> <p>Under 18 – please call 1-800-922-BIKE</p>
<p>PAYMENT ENCLOSED</p> <p><input type="radio"/> CHECK (Amount) _____ <input type="radio"/> MONEY ORDER (Amount) _____</p>	
<p>CREDIT CARD PAYMENT</p> <p><input type="radio"/> VISA CARD NUMBER _____</p> <p><input type="radio"/> MASTERCARD EXPIRATION DATE _____ 3-Digit Security Code (on back) _____</p> <p>CARDHOLDER'S SIGNATURE _____ DATE _____</p>	

Mail completed form & payment to:

Montana Motorcycle Rider Safety
MSU-Northern
PO Box 7751
Havre, MT 59501



A service of MSU-Northern
Havre, Montana

FOR MSU-NORTHERN USE ONLY

Received Date _____	Payment Received ____ Yes ____ No	Credit Card _____ Check # _____	Registered ____ Yes ____ No	Returned _____
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