

Metec Driver Training Centre
ENROLMENT FORM L-P DEFENSIVE 1 DRIVING COURSE



SURNAME (Please Print)

GIVEN NAMES

PREFERRED NAME

DATE OF BIRTH

ADDRESS _____

_____ POSTCODE _____

TELEPHONE: HOME. _____ MOBILE. _____

Email: _____

We like to keep in touch with our students – if you DO NOT want us to contact you in the future, please tick this box.

N.B. Information disclosed on this form will not be forwarded to a third party and will only be used by us internally to track participant's progress.

I wish to enrol for the following Course (insert course number)

Course No. _____

L. Permit No: _____

Auto

Man

MY FEE OF

\$

IS ENCLOSED

(Enrolment Fees are payable in advance).

Enrolment Fees are not refundable, restrictions do apply.

Payment Method: Cash Cheque Money Order Credit Card

CREDIT CARD DETAILS: MasterCard Visa

Card Number:

Expiry Date: / **Name on Card:**.....

Signature: **Date:** //

Terms and Conditions of Use and Indemnity

1. I am eighteen (18) years of age or over/the course participant is under the age of eighteen (18) years and I sign this enrolment form as their parent/guardian.
2. I/the applicant acknowledge and understands that:
 - (a) I/the participant will comply with all instructions given by all officers, employees, contractors, servants or other agents of the Centre
 - (b) I/the participant may be required to drive one of the Centre's/Instructor's motor vehicles and that I/the participant do so at my risk and will use all due care and attention when driving the vehicle.
3. I/the participant agree to indemnify and keep indemnified the Centre and its officers, employees, contractors, servants and other agents from all costs, actions, suits or demands arising out of any damage that may occur as a result of my/the participant's negligence or as a result of any breach of the terms of this enrolment form:
 - (i) To any property owned by me/the participant whilst at the Centre's premises
 - (ii) Any property owned by the Centre including any motor vehicle provided for my/the participant's use.
4. I/the participant authorize the Centre or its agents to obtain such medical or hospital treatment for me/the participant as the Centre may deem necessary whilst I am/the participant in the driving course or at the Centre and I/the participant agree to indemnify and keep indemnified the Centre and its officers, employees, contractors, servants and agents from all expenditure or costs in relation to such medical or hospital treatment together with any other costs or expenditure incurred by any ambulance, police or fire brigade attendance arising out of such treatment.

Signature **Date**
(Participant / Parent / Guardian)

Please complete both pages 1 and 2 and send them with your remittance to:

**Metec Driver Training Centre
P.O. Box 332
KILSYTH, Vic. 3137
Phone: 97254758
Melways Ref: 51 D7**