

Pinnacle Moto Academy

Clinic/Camp: _____

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Emergency Contact Information

Full Name: _____

Relationship: _____

Phone Number: _____

Riding Experience

☐ Beginner

☐ Intermediate

☐ Advanced

Years of Riding Experience: _____

Previous Training (if any): _____

Bike Information

Make: _____

Model: _____

Year: _____

Engine Size (cc): _____

Training Goals

What do you hope to achieve through this training?

Waiver and Release of Liability

I, the undersigned, hereby acknowledge that motocross is an extreme sport that carries risks of personal injury. I accept those risks and agree to indemnify and hold harmless [Training Provider Name] and its agents, owners, officers, volunteers, participants, and employees against any and all claims, demands, actions, or causes of action for costs, expenses, or damages to personal property or personal injury, or death, which may result from my participation in the training sessions.

By signing below, I confirm that the information provided on this registration form is accurate to the best of my knowledge and that I have read and agree to the terms and conditions set forth above.

Signature: _____ Date: _____

If the participant is under the age of 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

****Payment Information (if applicable):****

Total Fee: \$140

****Please Note:**** Your registration is not confirmed until payment has been received and processed.

Please submit this completed form to:

Beabout Consulting LLC
thepinnaclecoaching@gmail.com
951-440-7272

Thank you for registering and look forward to helping you achieve your goals!