



HCCC CAT VR Hub Drivers Education Program Initial Registration Form 2025-2026

Personal Identifiable Information (PPI)

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Driver's History and Assessment

Driver's License Status:

PERMIT

PROBATIONARY

LICENSED OUT OF STATE

UNLICENSED

Previous Driving Experience:

NEVER DRIVEN

SOME DRIVING

REGULAR DRIVER

Traffic Violations or Accidents:

YES NO

Medical conditions that affect driving:

Previous Driver's Education Experience:

YES NO

Self-assessment of Driving Confidence:

1 not confident 2 unsure 3 somewhat 4 sure 5 confident

Consent and Waiver

I hereby consent to participate in the HCCC CAT Drivers Education Program. I understand that this program involves simulated driving instruction and assessment. I release HCCC CAT and its affiliates from any liability arising from participation.

Signature: _____ Date: _____