



## 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: \_\_\_\_\_