



Senior Driving Skills Assessment

How did you hear of our program? Internet Website Phone book Doctor Family
 Radio Other: (please specify) _____

 First Name Middle Name Last Name

 Today's Date

 Address

 Social Security Number

 City State Zip Code

 Date of Birth

 Home Phone Cell Phone

 Email Address

 Job Occupation

 Place of Employment

 Emergency Contact Name Emergency Contact Phone

 Emergency Contact Address

Medical History:

Please list all medications you are taking: _____

Have you ever had a seizure? If yes, please explain: Yes No

Do you have diabetes? If yes, please explain: Yes No

Do you have a heart condition? If yes, please explain: Yes No





Medical History (continued):

Do you have any allergies that may result in an emergency (foods or medications)? If yes, please explain : Yes No

Do you have any other medical problems that may result in an emergency situation? If yes, please explain :

Yes No

Driving History:

Have you been in any traffic accidents in the past 5 years? If yes, please list approximate date(s) of accidents and explain: Yes No

Have you had any traffic violations in the past 5 years? If yes, please list approximate date of traffic violations and explain: Yes No

Are you having this assessment due to your family, the DHSMV, or doctor concerns? If yes, please explain:

Yes No

Student Signature

Date

Witness

Date





Student Name _____

Driver License Number _____

STUDENT STATEMENT OF VOLUNTARY PARTICIPATION AND RELEASE OF CLAIMS

I hereby state that this application to participate is entirely voluntary on my part and is made with the understanding of the following: the training course involves moving vehicles being supervised by certified instructors and participation in this course subjects me to risk of serious, catastrophic, permanent injury, or even death.

I hereby release and agree to hold harmless Bridgeway Center, Inc., and their instructors from any and all liability, including any acts of NEGLIGENCE on behalf of an agent or apparent agent of any of these entities or another participant in the course.

Client Signature _____

Date _____

Witness _____

Date _____





Rules and Regulations

The appointment for the assessment must be made at the time of registration. Once all paperwork has been completed please see the Customer Service Representative to schedule and confirm the appointment.

1. Please remember to dress appropriately for the Driving Skills Assessment. This includes closed toe shoes (no flip flops/sandals), jeans/slacks/trousers (no shorts, skirts, dresses), and shirts/tops with sleeves. Turn off cellphone prior to the start of the driving skills assessment.
2. Sessions will start promptly at the time assigned. If the student is late, or does not show for the appointment, the assessment is forfeited.
3. Make up sessions will be charged at the rate of \$110 per session. This school will not refund any tuition or part of tuition if school is ready, willing and able to fulfill its part of this contract.
4. **Appointments must be cancelled 72 hours in advance to avoid forfeit of assessment.** This agreement constitutes the contract between the school and the student, and no verbal statements will be recognized. Session must be scheduled within 6 months from enrollment, or enrollment fee will be forfeited.
5. No one will be allowed to attend the session with ANY AMOUNT of ALCOHOL or CONTROLLED SUBSTANCE in his/her body. Attending the course with ANY AMOUNT of ALCOHOL or ILLEGAL DRUG in your body will result in FULL REPAYMENT OF FEES.
6. Any student with a problem regarding Driving Schools services is welcome to speak to the program manager at 850-833-7474. If the program manager cannot resolve the problem, call the Bridgeway Center, Inc. Safety Regulatory and Quality Program at 850-314-1215.

The Student, hereby agree to take professional driver instruction consisting of 1 Senior Driving Skills Assessment. The school agrees to furnish a dual controlled car for all practical instruction without additional costs. Fee agreed is \$110 per session. A session consists of 120 minutes. **ALL FEES ARE NON-REFUNDABLE.**

Your Scheduled Assessment Date/Time:

Appointment date: _____ Appointment time: _____

It is agreed that an owner, instructor, agent or employee of this school shall not give the impression to a student that upon completion of their instruction this school will guarantee the securing or maintaining a valid driver's license to operate a motor vehicle.

Student Signature	Date	Witness	Date
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