



Boot Camp Registration

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Gender _____ Age of student _____

Email _____ Skill Level/Experience _____

In Case of Emergency notify: _____ Phone _____

Date of School requested: _____ **Location: (State)** _____

_____ I wish to attend the WSMX 2 Day Boot Camp- **Fee-\$400.00**

_____ I'm eligible for the Family Member/ Military or Returning Student Discount of \$100.00 off the balance of the school fee. Last School Attended _____

_____ I'm eligible for the special offer of \$100.00 off the school fee because _____ will be attending the school with me as a NEW full paying Student. I understand he/she must pre-register and attend the school or I will lose the discount.

***Discount offers may not be combined. You may utilize one or the other upon qualification**

Rental Equipment (If Needed) Extra \$75.00 a day fee applies: Please list sizes needed below:

Pant _____ Jersey _____ Gloves _____ Helmet _____ Gloves _____ Goggles _____ (Std or OTG)

Bike Rental Needed: Please enter Rider: Height _____ Weight _____

Payment (please circle one) Cash Check Money Order Pay Pal

Amount remitted _____ Balance Due _____ WSMX Staff Verified _____

Gate fees extra. Must sign a release form and pay fees prior to start of school. Rider and crew participate at own risk. Rider has the option at anytime to withdraw from school for any reason. Rider acknowledges the WSMX is not obligated to provide refunds. Rider agrees to hold harmless school, agents, instructor or track and personnel and covenants not to sue. Rider agrees to abide all rules and follow instructions given.

Rider Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Drivers License Number of Consenting Parent or Guardian _____

Notary Signature required if student under 18 w/o parent attending

**PLEASE REMIT TO:
WSMX-Debbie Matthews
26001 Corriente Ln.
Mission Viejo, CA 92691**