



**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**