

Introductory Pilot Program Student Pilot Registration Form #2

Club name: _____ Club number: _____
Instructor name: _____ AMA number _____
Student name: _____ Date of birth: ____ / ____ / ____
Email address: _____
Address: _____
City, state, & ZIP code: _____
Daytime phone: _____ Home Work Cell
Date of first session: _____

Safety Code Compliance Statement

I agree to comply with the AMA Safety Code. If I am involved in any claim or suit, I will not sue the AMA Inc.
I understand that this does not affect my liability insurance coverage.

Student Signature

Date

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