

The Advanced Teen Driving Safety Program

Student Packet



THE ASSESSMENT CENTER
Miami Dade College
School of Justice

11380 NW 27th Avenue, Suite 8324
Miami, Florida 33167-3495
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nac@mdc.edu



Advanced Teen Driving Safety Program

Miami Dade College • School of Justice



STUDENT INFORMATION

Name of Student _____ Age _____

Name of School Currently Attending _____ Grade _____

Date of Birth _____

Address: _____

Telephone Number: _____

Email address: _____

Name of Parents or Legal Guardian (if student is under 18) _____

Parent or Legal Guardian Telephone Number: _____

Parent or Legal Guardian Email Address: _____

Does the student have any health issues which would affect the ability to safely operate a vehicle?

NO Yes, Explain _____

Is the student currently taking any medication that affects their ability to safely operate a vehicle?

NO Yes, Explain _____

Has the student previously attended an Advance Teen Driver Safety Program?

No Yes, Explain _____

**In order to participate in the program the student must have obtained a Full Privilege/
Class E License from the State of Florida.**

You must attach copies of your driver's license.

Is the license is currently in good standing? YES No. Is it currently revoked or suspended?
Explain _____

I have read and reviewed this form and the information above is true and correct.

Witness

Student's Signature

Parent/Legal Guardian's Signature
(if student is under the age of 18)



Advanced Teen Driving Safety Program Miami Dade College • School of Justice



Student Statement of Voluntary Participation and Release of All Claims

I hereby state that this application to participate in the Advanced Teen Driving Safety Course is voluntary and I fully understand the following:

1. The Advanced Teen Driving Safety Course offered by Miami Dade College's School of Justice (MDCSOJ) involves moving vehicles being operated by drivers with various levels of experience including, inexperienced drivers;
2. During the course, I will be operating a dual break vehicle assigned by MDCSOJ;
3. During the course, I may become damaged and or there may be damage made to other vehicles involved in the program; and
4. There is a possibility that as a result of my participation in this course, I may suffer minor injuries and that participation in this course may subject me to risk of serious, catastrophic, permanent injury, or even death.

NOTICE TO THE STUDENT AND THE PARENT OR GUARDIAN OF A STUDENT WHO IS UNDER THE AGE OF 18

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE DISTRICT BOARD OF TRUSTEES OF MIAMI DADE COLLEGE, ITS DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND AGENTS USE REASONABLE CARE IN PROVIDING THIS ADVANCED TEEN DRIVING SAFETY COURSE, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE DISTRICT BOARD OF TRUSTEES OF MIAMI DADE COLLEGE, ITS DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH,

TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MIAMI DADE COLLEGE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I ALSO GIVE PERMISSION TO MIAMI DADE COLLEGE TO USE PHOTOGRAPHS AND/OR VIDEO IMAGES OF ME IN MEDIA COVERAGE, OR ANY OTHER USE DEEMED APPROPRIATE BY MIAMI DADE COLLEGE.

I have read the information on these two pages, and, as a result, I agree to permit my child's participation in the Advanced Teen Driving Safety Course by signing below.

(These forms may be signed before either a MDCSOJ representative or a notary public, whichever is more convenient.)

Student's Name

Student's Signature

Witness

Parent/Legal Guardian's Signature

Witness Name Printed

Parent/Legal Guardian's Printed Name

STATE OF FLORIDA
MIAMI DADE COUNTY

BEFORE ME personally appeared _____ (Parent/Guardian's Name), to me well known to be the person described in and who executed the foregoing instrument, and acknowledge to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20____.

NOTARY PUBLIC

Personally Known: _____
Provided _____ as Identification
My Commission expires: _____



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Student Statement of Voluntary Participation and Release of All Claims

I hereby state that this application to participate in the Advanced Teen Driving Safety Course is voluntary and I fully understand the following:

1. The Advanced Teen Driving Safety Course offered by Miami Dade College School of Justice (MDCSOJ) involves moving vehicles being operated by drivers with various levels of experience including, inexperienced drivers;
2. During the course, I will be operating a dual break vehicle assigned by MDCSOJ;
3. During the course, I may become damaged and or there may be damage made to other vehicles involved in the program; and
4. There is a possibility that as a result of my participation in this course, I may suffer minor injuries and that participation in this course may subject me to risk of serious, catastrophic, permanent injury, or even death.

NOTICE TO STUDENTS/CANDIDATES (OVER AGE 18)

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE DISTRICT BOARD OF TRUSTEES OF MIAMI DADE COLLEGE, ITS DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND AGENTS USE REASONABLE CARE IN PROVIDING THIS ADVANCED TEEN DRIVING SAFETY COURSE, THERE IS A CHANCE YOU MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO RECOVER FROM THE DISTRICT BOARD OF TRUSTEES OF MIAMI DADE COLLEGE, ITS DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS AND AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOU OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MIAMI DADE

COLLEGE HAS THE RIGHT TO REFUSE YOUR PARTICIPATION IF YOU DO NOT SIGN THIS FORM.

I ALSO GIVE PERMISSION TO THE MIAMI DADE COLLEGE TO USE PHOTOGRAPHS AND/OR VIDEO IMAGES OF ME IN MEDIA COVERAGE, OR ANY OTHER USE DEEMED APPROPRIATE BY MIAMI DADE COLLEGE.

I have read the information on these two pages, and, as a result, I agree to participate in the Advanced Teen Driving Safety Course by signing below.

(These forms may be signed before either a MDCSOJ representative or a notary public, whichever is more convenient.)

Student's Name

Student's Signature

Witness Name

Witness Signature

STATE OF FLORIDA

MIAMI DADE COUNTY

BEFORE ME personally appeared _____ (Student Name),
to me well known to be the person described in and who executed the foregoing instrument, and
acknowledge to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20____.

NOTARY PUBLIC

Personally Known: _____

Provided _____ as Identification

My Commission expires: _____



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 School of Justice
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PAYMENT FORM ADVANCED TEEN DRIVING SAFETY PROGRAM

Instructions

- Turn completed form into the BURSAR' S OFFICE.
 - Location: North Campus, Building 1, Room 1154
 - Telephone: (305) 237-1287
 - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.
- Bring a copy of the receipt of payment to your scheduled Advanced Teen Driving Safety Program.

Name: _____

Date: _____ (mm/dd/yyyy)

Last Four Digits of SSN: _____

Payment Type: _____ Advanced Teen Safety Program (\$150.00)

I, _____, understand the following:

- The Advanced Teen Driving Safety Program fee **must** be paid prior to program.
- Parental Permission Form and Release of all Claims must be completed and attached to receipt.
- Payment may be made in cash, credit card or money order.
- All fees are **non-refundable and non-transferable.**

Candidate Signature: _____

Bursar's Authorization to Collect Program Fee for
 ADVANCED TEEN DRIVING SAFETY

ASSESSMENT CENTER						
QUAL	OPERATING UNIT	FUND CODE	ICS	DEPT ID	CAMPUS CENTER	GL CODE
N31201	DI15	301	4A22001	350090	1000	48901

Payment Receipt #: _____ Cashier: _____

For questions, contact
 The Assessment Center
 305-237-1476
 nac@mdc.edu