



STODDARDS PORSCHE
and the Northern Ohio Region PCA present:



Nelson Ledges Driver Education
June 6 & 7, 2009

Registration opens April 1, 2009 for the NOR PCA Driver's Education event at Nelson Ledges June 6 & 7, 2009. Each person who wishes to participate must complete their own registration form.

REGISTRATION, MEDICAL FORM AND FEES: Pre-registration is required including payment and completed Medical Form. The Event's fees are \$255.00 (\$265.00 after May 24th) for each driver. Payment can be made by check (payable to NORPCA) or by Paypal (skips951@aol.com). Mail Registration form and payment to:

Skip Wolfe 666 Meadowlane Dr. Richmond Heights, OH 44143
Phone: 440-527-3839 Email: nelsonledges@aol.com

SAFETY REQUIREMENTS (full safety requirements and Tech form included in registration information package)

- HELMET - 2000 or later SNELL rating required (sticker must be attached- look inside helmet). SNELL "SA" recommended. A helmet with only a DOT rating is NOT acceptable. (Note: new requirement; 1995-rated helmets are NOT ACCEPTABLE!)
Seatbelts - 3 point DOT approved minimum - driver and passenger must use the same level of safety belts. 5/6 point harnesses cannot be used with stock seats and must be used in conjunction with an appropriate race seat (with slot for sub-strap). No 4 point harnesses will be permitted.
Roll bar - Open air vehicles must have OEM, operational, roll over protection OR properly installed roll bars that meet the broomstick rule. i.e. must be taller than driver & also provide protection for passenger. Arm restraints required for driver and passenger for open vehicle operation.
Tires - minimum - 3/32" tire tread depth for street tires.
Clothing - minimum requirement - 100% cotton shirt, long 100% cotton pants (shorts not permitted), leather or canvas shoes.
Age - Drivers must be 18 years or older with valid driver's license
Car Safety - the driver of the vehicle is responsible for the preparation and proper operation of their vehicle. All vehicles will be required to pass a safety inspection at the track. You will be allowed to remedy any problems and resubmit your vehicle for approval.

Participation is limited. All applications will be processed on a first-come first serve basis. Please register early to insure a place. You will be emailed an information packet including technical inspection form, rules of the road, track layout, directions, etc upon your acceptance to the event.

Name _____ PCA Member? Yes _____ No _____ If yes, Region _____

Required Email Address _____ @ _____ Shirt Size (circle one): S M L XL XL

Address _____ City _____ State _____ Zip _____

Phones H _____ W _____ C _____

Sharing Car (circle one): YES/NO, if yes with whom: _____

Car year _____ make _____ model _____ color _____

Performance Modifications _____

Number of Events at Nelson Ledges _____ Other Tracks and number of events: _____

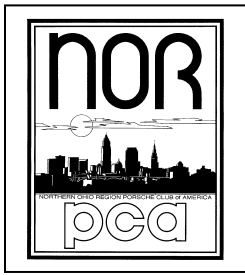
Other Driving Experiences: _____

How would you rate your skill level? _____ Novice _____ Intermediate _____ Advanced

As a student, I agree to abide by safety and other rules and by the directions and decisions of the event organizers. (Signature) _____

REFUND POLICY: Refunds will be assessed a \$100.00 fee or full event price can be applied to next year's event. All requests for refunds must be received by May 19th.

Porsche Club of America is a private, not-for-profit organization. It reserves the right to deny the acceptance of any Driver's Education application, or to revoke any application previously accepted, for any reason or no reason, except that it will not deny or revoke a Driver's Education application solely on the basis of race, creed, color, sex or national origin.



NORTHERN OHIO REGION PCA
DRIVER EDUCATION

MEDICAL FORM

This form must be completed and mailed in.

CAR #

Please do not fill in
For office use only

(Please print or type a separate form for each driver. IF YOU WILL BE DRIVING MORE THAN ONE CAR AT THIS EVENT, PLEASE COMPLETE A FORM FOR EACH CAR.)

Driver Name _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Car model: _____ Color _____ Year _____

Please list medical training or ratings: _____

DRIVER MEDICAL INFORMATION:

Age: _____

Current Medications: _____ Drug Allergies: _____

List any special conditions: _____ Blood Type: _____

Personal physician: _____ Address: _____ Phone: _____

CIRCLE YES OR NO

CONTACTS **Y N**
DIABETIC **Y N**

DENTURES **Y N**
EPILEPTIC **Y N**

ASTHMATIC **Y N**
HEMOPHILIAC **Y N**

IN EMERGENCY, NOTIFY:

Name: _____ Phone: _____

Address: _____ At Track? Yes _____ No _____

I verify that this information is correct, and provide permission to use this information only in the case of a medical emergency.
Signed _____ Date: _____

ALL EVENT PARTICIPANTS SHOULD HAVE THEIR NAME ON THEIR DRIVING HELMET.

This form must be completed and mailed in.

NOTE: This information is kept confidential and is to be utilized only in the event of an emergency, and will be destroyed after the event.