

**Columbus Police Department
Precision Driving Program for Teens
Registration Form**

Name: _____

Address: _____

E-mail Address: _____

Date of Birth: _____ Driver's License #: _____

Home Phone #: _____ Work Phone #: _____

Parent's Work #: _____ (father) _____ (mother)

Today's Date: _____

For Administrative Purposes Only

Driver Record Check Completed: Y N

Parents: for drivers under the age of 18, written parental consent is **mandatory**. The Precision Driving Program for Teens is an effort by CPD to target the young drivers and provide them with skills that may one day save a life or avoid a serious accident. Emergency Vehicle Operations instructors from CPD will be conducting the training. This is a win-win situation for your teenager that will cost \$25.00. Payment is due with the registration. Checks or money orders are preferred and credit card payments will not be accepted. A limited amount of financial assistance is available. Please contact Detective Chris Couch at 376-2600 or via email at ccouch@columbus.in.gov should you have questions regarding financial assistance, or for any other questions you may have.

I, _____, (driver) wish to participate in the Precision Driving Program for Teens and agree to fully comply with all instructions given by instructors during this one day of training.

I, _____, am the parent/legal guardian of the above driver and also wish for him/her to attend this training.

Signature of Participant _____ Date _____

Signature of Parent _____ Date _____

(If driver is under 18 years of age)

**Return in person to Columbus Police Department or you may mail to Detective Chris Couch,
Columbus Police Department, 123 Washington Street, Columbus, Indiana 47201**