

EXPERIENCED RIDERCOURSES

“SPRING TUNE UP” CHALLENGE

The Motorcycle Safety Foundation's **ERC** consists of approximately 6 hours of on-cycle range instruction and practice, utilizing the student's own street-legal motorcycle, and includes brief facilitated discussions relating to street riding.

The MSF's **ERC** facilitated discussions focus on Pre-Ride checks, Preparation, Stopping Distances, S E E, Rider Radar, Car/ Motorcycle and Motorcycle Only Crashes, Traction Patches, Alcohol and the Safety Oval.

The MSF's **ERC** range activities practice slow speed control, limited space maneuvers, cornering judgment and finesse, braking quickly--straight-line and curves, and swerving to reinforce the skills found essentially absent in accident involved motorcyclists.

***The MSF's ERC Skills Plus RiderCourse is an excellent refresher course for the Returning or Re-Entry Rider to improve his/her skills and techniques to regain confidence and control prior to becoming involved in today's faster, more congested riding environment.**

TAKE THE CHALLENGE, REGISTER NOW

GROUP RATES AVAILABLE

Get your riding buddies together!

CALL Learn 2 Ride, Inc. 585-615-7433

ALL ERC'S FOR 2009 ARE FILLED

**2010 SCHEDULE TO BE POSTED ON OR ABOUT
FEB 1, 2010**

2009 ERC REQUIREMENTS & GENERAL INFORMATION

- **You must** possess a valid NY State Driver's license with Motorcycle Endorsement
- Complete the registration form
- List your course choice (s)
- Include a check or money order for **\$125.00 (or Group Rate* as applicable)**
Payable to: **Monroe Community College**
- Group Name
- Sign the registration form and submit it to:
 - Monroe Community College / ATC
 - % Learn 2 Ride / ERC
 - 2485 West Henrietta Road
 - Rochester, New York 14623
- Street legal motorcycle--subject to inspection and acceptance by the instructor
- Proof of insurance
- Helmet--minimum DOT approved
- Eye protection--face shield, safety glasses or goggles
- Gloves: Full Fingered (NO fingerless gloves)
- Jeans: Denim or other sturdy material
- Jacket: Denim or other sturdy material or long-sleeved shirt or sweatshirt
- Boots: Must cover the ankle and have as flat a heel as possible
- Class size: 12 maximum (6 minimum) or class is postponed until minimum is attained
- You should have at least 100 miles of diversified street riding before taking this course

SCROLL DOWN FOR

REGISTRATION & WAIVER FORMS



OFFICE OF WORKFORCE DEVELOPMENT

ERC REGISTRATION FORM



A Unit of the State University of New York

- - OR

Social Security Number Five digit student # Last Name (please print) First Middle

STREET CITY COUNTY STATE ZIP + 4 DATE OF BIRTH

- -
 - -
 Yes No

 Yes No

(AREA CODE) (HOME PHONE NUMBER) (AREA CODE) (WORK PHONE NUMBER) ARE YOU A VETERAN MALE FEMALE HAVE YOU ATTENDED MCC BEFORE?

Yes No USING A DIFFERENT NAME? PRINT FORMER NAME
 FALL SPRING SUMMER SPRING YEAR 19/20
 WHEN DID YOU LAST ATTEND MCC

The NYS Education Department and the United States Office of Education requires all colleges to report minority and handicapped student enrollments. The information collected will assist in meeting this requirement. Check the appropriate spaces as they apply to you.

ETHNIC CODE INFORMATION

- 1. Black, not Hispanic origin
 - 2. American Indian or Alaskan
 - 3. Asian or Pacific Islander
 - 4. Hispanic
 - 5. White, not of Hispanic origin
 - 6. Refuse to answer
 - 7. Foreign Student
- Visa type _____
 Country _____

HANDICAPPED INFORMATION

- None
- A. Confined to wheelchair
- B. Orthopedic difficulty assistive device
- C. Orthopedic difficulty no assistive device
- D. Legally Blind
- E. Impaired Vision
- F. Totally Deaf
- G. Impaired hearing
- H. Learning difficulty
- I. Multiple handicapped
- J. Other

LEARN 2 RIDE ERC COURSE

1st choice ERC # _____ TUITION \$ _____
2nd choice ERC # _____ TUITION \$ _____

E-MAIL CONFIRMATION:

TUITION: INDIVIDUAL \$ 125
GROUP: 6 – 8 \$ 110 ea 9 – 12 \$ 95 ea
GRP NAME:
PAYMENT DUE WITH REGISTRATION

I acknowledge that my tuition will be paid by the tuition due date and further acknowledge that I am liable for any collection costs incurred by the College as a result of my failure to pay including, without limitation, collection agency fees, court costs and attorney's fees. If I decide to change my educational plans I will notify the Office of Registration and Records in writing and realize that non-attendance in class will not relieve me of my financial responsibility.

SIGNATURE _____

DATE _____

0
ENTER
COURSE
INFORMATION
HERE

0

OFFICE USE ONLY
Scr 103 Scr 11A, 110 Scr 111

PLEASE READ, SIGN AND SUBMIT WITH REGISTRATION FORM

**EXPERIENCED RIDERCOURSE
PARTICIPANT'S/ PASSENGER WAIVER & INFORMATION FORM**

*Monroe Community College & Learn 2 Ride, Inc.
1000 E Henrietta Rd, Rochester NY 14623*

EXPERIENCED RIDERCOURSE # _____

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

RELEASE, WAIVER AND INDEMNIFICATION

The undersigned participant and his / her parent or legal guardian (if under the age of 18 years) does hereby execute this release, waiver and indemnification for him / her self and his / her heirs, successors, representatives and assigns; and hereby agrees and represents as follows:

To release **Monroe Community College, Learn 2 Ride, Inc.** its members, employees, agents, representatives and those governmental agencies and other organizations affiliated with this course including but not limited to the **Motorcycle Safety Foundation**, its members, employees, agents, representatives, and the **Motorcycle Association of New York State, Inc.**, its members, employees, agents, representatives, and hold them harmless for any liability, loss, damage, cost, claim, judgment or settlement which may be brought or entered against them as a result of the undersigned's participation in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonable withheld.

The undersigned participant and his / her parent or legal guardian (if under the age of 18 years) does also fully understand there are risks involved in operating a motorcycle and do accept those risks.

I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.

(Signature of Participant)
OR

(Date)

Notarized Signature of parent of legal guardian if participant is **under the age of 18 years.**

(Relationship)

REQUIRED EMERGENCY CONTACT INFORMATION

NAME _____ **RELATIONSHIP** _____

PHONE: (_____) _____ - _____ **PHONE:** (_____) _____ - _____

MOTORCYCLE INFORMATION

Year: _____ **Make:** _____ **Model:** _____

Riding Experience: _____ **years** **Do you normally ride Solo or 2 up?** _____

E-MAIL: _____

For confirmation and updated information as necessary