



# S&S<sup>®</sup> TRAINING



(PLEASE PRINT & COMPLETE BOTH SIDES)

## Personal Information

Your Name: _____	Your Employer (Company Name) _____
Home Address _____	Employer Address _____
City/State/Zip _____	City/State/Zip _____
Contact Phone _____	Employer Phone _____
Email _____	Employer Website _____

## Program Choices - \$800 each

_____ Sidewinder <sup>®</sup> Center Course 4 Days - 8:00am-5:00pm	_____ S&S <sup>®</sup> Cycle VFI Course (4 Days - 8:00am-5:00pm)
_____ Requested Class Start Date	_____ Requested Class Start Date

Is this your first S&S Training class? (Circle One) **Yes** **No** If No - What class have you had previously? \_\_\_\_\_

## Release Information – Please Read

As a participant in a program or class at PowerSport Institute, I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages or loss that I may sustain as a result of participating in activities connected with or associated with such program or class. I agree to waive and relinquish all claims I may have as a result of participating in any program or class against PowerSport Institute and its officers, agents, employees and independent contractors. I further agree to indemnify and hold harmless and defend PowerSport Institute and its officers, agents, employees and independent contractors from my claims resulting from injuries including death, damages and losses sustained by me that arise out of, in connection with, or associated with the activities of this program.

I understand that PowerSport Institute is an organization that promotes training not only to its students, but also to the community at large. As such, articles, brochures, videos and websites may be used either promotionally or educationally and may include images of students or other participants in its programs. I hereby permit the use of my image to be photographed, videotaped or otherwise recorded for use in publicity or educational materials. These materials include, but are not limited to, photographs of classes and designs, various other school publications, the internet webpage and videos of classes.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.**

\_\_\_\_\_ Seminar Participant Signature

\_\_\_\_\_ Date

## Payment Method

**RETURN COMPLETE REGISTRATION FORM WITH PAYMENT TO ONE OF THE FOLLOWING:**

Mail to:  
PowerSport Institute  
ATTN: Industry Training  
21210 Emery Road  
N Randall, OH 44128

Scan & Email to:  
[dthompson@psi-now.com](mailto:dthompson@psi-now.com)

Fax to:  
(216) 332-0423

**FOR PAYMENT BY CREDIT CARD YOU MUST COMPLETE THE FOLLOWING INFORMATION:**

Credit Card Type (circle one):      VISA                      MASTERCARD                      DISCOVER

Card #: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ V Code: \_\_\_\_\_

Card Billing House #: \_\_\_\_\_ Card Billing Zip Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

If you have any questions please contact Denise Thompson at PSI at: [dthompson@psi-now.com](mailto:dthompson@psi-now.com) or (800) 322-7000 x205.

## FOR PSI USE ONLY

Date Received: \_\_\_\_\_ Check/MO #: \_\_\_\_\_ / \_\_\_\_\_ CC Authorization # \_\_\_\_\_  
(Name on Check)

# S&S<sup>®</sup> Cycle Dealer Training Questionnaire

## (PLEASE PRINT)

### DEALERSHIP PROFILE

Dealership: \_\_\_\_\_ S&S<sup>®</sup> Dealer #: \_\_\_\_\_ City/State: \_\_\_\_\_

How many years has the dealership been in business? \_\_\_\_\_ How many current employees? \_\_\_\_\_

Have any techs attended S&S<sup>®</sup> training before? YES NO  
If YES what classes? \_\_\_\_\_ When were they attended? \_\_\_\_\_

What S&S<sup>®</sup> products do you use? \_\_\_\_\_

Are computers available in your shop? YES NO  
If YES what operating systems are used? \_\_\_\_\_

Does your dealership have a dynamometer? YES NO Brand? \_\_\_\_\_

What future S&S<sup>®</sup> training would you like to see? \_\_\_\_\_

What does your dealership specialize in? \_\_\_\_\_

Do you anticipate needing to hire any additional S&S<sup>®</sup> Techs in the future? YES NO

### TECHNICIAN/STUDENT PROFILE

Technician Name? \_\_\_\_\_

Please circle which course(s) you are signed up for?      SIDEWINDER      VFI

How many years of service do you have in the motorcycle industry? \_\_\_\_\_

What are your job responsibilities? \_\_\_\_\_

What are your PC skills and what operating programs are you familiar with? \_\_\_\_\_

Which EFI tuners are you familiar with? \_\_\_\_\_

What are your expectations of the training class you signed up for? \_\_\_\_\_

Please list any special accommodations you may need while attending this training:

\_\_\_\_\_