Collision Avoidance Training (CAT) Program

What is CAT For Teens?

The Collision Avoidance Training program is an advanced driver training and defensive driver program for licensed teen drivers. The course is a comprehensive approach to developing essential driving skills, good driving habits and critical decision-making that are required to survive on today's roadways.

- Endorsed and recommended by law enforcement - Taught by trained and certified officers.
- 12 hours, one-on-one, behind the wheel training.
- Teens lack proper training or years of driving experience to know what to do in an emergency situation.
- Your son or daughter will develop the skills and techniques that will improve their ability to control their vehicle in high-stress situations.
- The program allows your son or daughter to experience and practice reacting properly to emergency situations in a controlled environment. Mistakes made here do not result in anyone dying.
- Our students will experience the impact of split-second decision making while behind the wheel, the consequences of delayed reactions and the feel of the vehicle in an emergency.
- When our students complete this program they are keenly aware of the limits of their vehicle and the limits of their abilities.

Your Teen Learns:

- A real understanding of speed and their rate of travel in just 3 seconds.
- The distance required to safely stop before hitting something or someone.
- They will understand the need and value of scanning.
- How to control a vehicle properly through steering, breaking and acceleration.
- How to safely negotiate around obstacles in front of them.
- Insurance; What it is and why it is important.
- General maintenance, where and how to check fluids, belts, hoses and tire pressure.

And much more.....
Collision Avoidance Training (CAT) Program

Course Information

The fee is $140. Please make checks to "City of Orlando".

Complete the Registration Forms:

1. Student Registration Information
2. Parental/Guardian Statement of Permission and Release of Claims
3. Vehicle Owner’s Statement of Permission and Release of Claims

Complete the registration forms and return along with the registration fee to:

Officer Joe Sommers
Metropolitan Bureau of Investigation
250 North Orange Avenue, Suite 400
Orlando, FL 32801

After completing forms please send your teen’s name and the class date you have selected to: Joseph.sommers@cityoforlando.net

This is very important so I can add your teen driver to the roster and reserve their spot.

Course Agenda

Friday is the classroom portion.

Location: Ocoee Police Department
646 Ocoee Commerce Pkwy
Ocoee, FL 34761

Time: 6:00 pm to 10:00 pm

Saturday is the driving portion.

Location: Orlando Police Communications Center (back lot)
110 Andes Avenue
Orlando, FL

Time: 8:00 am to 5:00 pm

Maps to the Driving Range will be provided on Friday night

For more information feel free to call me. Office 407.836.9787 – Cell 407.467.4758
Driving Range Check List

☐ **Dress Appropriately**- Closed toed shoes are required. No flip flops, sandals or high heeled shoes allowed. No skirts, dresses, tank tops, tube tops, bathing suits, or spandex attire, please.

☐ **Clean out the car**- Loose objects may fly forward during a maneuver and injure the student or the instructor. Please remove all personal belongings from: seats, under the seats, the floor, the rear window area, the dashboard and the rear view mirror. Objects in the trunk or cargo area should be removed or properly secured.

☐ **Fuel up**- Vehicles should be fueled up before class. Students will not be allowed to leave for fuel.

☐ **Check fluid levels and tire pressure**- Vehicles must have proper fluid levels and properly inflated tires with adequate tread to be allowed on the driving range. Any vehicle deemed unsafe by C.A.T. instructors will not be allowed on the driving range.

☐ **Pack a lunch or bring lunch money**- Students will be allowed to leave for lunch, but they must return at the designated time. Students who are unable to leave for lunch should bring a packed lunch.

☐ **Sign in**- When you arrive at the driving range, please remember to sign in.
Collision Avoidance Training Program

STUDENT REGISTRATION INFORMATION

Name of Student ____________________________________________  Age ________________

School______________________________________________________ Grade ______________

Date of Birth ____________________  Place of Birth ________________________________

Name of Parents or Legal Guardian ________________________________________________

Current Address ________________________________________________________________ Telephone Number ________________

Email ________________________________________________________________

Are there any health issues we should be aware of? ________ If yes, please list: ________________

List any medications being taken that will, in any way, effect the safe operation of a vehicle?

Student’s Social Security Number _________________________________________________

Student’s Drivers License Number ________________________________________________
(Please note the state in which the license was obtained if other than Florida)

Emergency contact information (Name & Telephone Number) for day of course:

______________________________________________________________________________

STUDENT STATEMENT OF VOLUNTARY PARTICIPATION AND RELEASE OF CLAIMS

I hereby state that this application to participate is entirely voluntary and is made with the understanding of the following: (1) the training course involves moving vehicles being operated by inexperienced drivers; (2) I will be operating a vehicle with the express written consent of the owner of the vehicle; (3) damage may occur to the vehicle that I am driving or to other vehicles involved in the course; (4) my participation in this course subjects me and other participants to risk of serious, catastrophic, permanent injury, or even death; (5) I will be required to provide proof of valid vehicle insurance, which meets or exceeds state limits, and provides for coverage of myself and the vehicle I will be driving. I understand that the insurance policy I present will be used as the first line of liability coverage in the event of any incidents that result in bodily harm and/or property damage.

I hereby certify that the vehicle which I intend to use in this course is in good working order; including the vehicle’s brakes, suspension, steering and tires. I understand that the program will be lead by certified instructors, however, I agree to assume the risks incidental to such participation (which risks include, but are not limited to; physical injury or death), and I further agree to release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation in such course, and further agree to indemnify and hold each of the released parties against any and all liabilities, claims, actions, damages, costs or expenses, including, but not limited to claims and disbursements. The released parties are the physical property owner, the Orange County Community Traffic Safety Team and any/all of its participating members and associated agencies including, but not limited to, the City of Orlando and Orlando Police Department, the City of Maitland and Maitland Police Department, the City of Ocoee and Ocoee Police Department, the University of Central Florida (UCF) and UCF Police Department, the Orange County Sheriff’s Office, the National Traffic Safety Academy, Inc. and their elected officials, employees, volunteers, agents, representatives, successors and assigns. I understand that this release and indemnity agreement includes any claims based on the negligence, action, or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by me, before, during or after such participation.

______________________________________________________________________________ Date

Student’s Signature

Witness Signature

______________________________________________________________________________ Date

______________________________________________________________________________ Date
Collision Avoidance Training Program

PARENTAL/GUARDIAN STATEMENT OF PERMISSION AND RELEASE OF CLAIMS

Student Name: ____________________________

This is an advanced defensive driving course. All registrants must have logged at least 50 hours behind the wheel and be competent at basic driving skills prior to enrollment. **Drivers must also have a valid driver’s license.**

**Parents/spectators cannot be permitted on or at the driving range for liability reasons.**

Instructors may dismiss a student from the class if the student is behaving or driving in a reckless manner and/or appears to be a threat to themselves or others on the range. Teens that cannot successfully complete the course will be permitted to repeat the driving range portion one time, at a later date, at no additional charge. Students who are dismissed from the course for reckless or dangerous behavior will forfeit their registration fee and not be permitted to return to the class. Please note that this is to insure the safety of all drivers on the range, as well as our instructors.

I hereby give my consent for the above-named student to participate in the Collision Avoidance Training Program. I hereby state that this consent is given with the understanding that:

1. The training course involves moving vehicles being operated by inexperienced drivers.
2. The above-named student will be operating a vehicle with the express written consent of the owner of the vehicle.
3. Damage may occur to the vehicle that the above-named student is driving or to other vehicles involved in the course.
4. The above-named student’s participation in this course, as in with any motor-vehicle experience, subjects the student to a risk of serious, catastrophic, permanent injury, or even death.
5. The above-named student will be required to provide proof of valid motor vehicle insurance coverage that meets or exceeds state limits and provides for coverage of the above-named student and the vehicle that they will be using in the training. I understand that the policy provided will be used as the first line of liability coverage in the event of any incident resulting in bodily harm and/or property damage.

If I am not the registered owner of the vehicle which the above-named student intends to use while taking this course, I hereby certify that the owner has consented to the use of his/her vehicle and has authorized the use by completing the attached VEHICLE OWNER’S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS. I hereby certify that the vehicle, which the above-named student intends to use in this course, is in good working order, including the vehicle’s brakes, suspension, steering and tires.

I understand the program will be lead by certified instructors, however, I agree to release and forever discharge the released parties defined below, of and from, all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the above named student’s participation in such course, and further agree to indemnify and hold each of the released parties against any and all liabilities, claims, actions, damages, costs, or expenses, including, but not limited to claims and disbursements. The released parties are the physical property owner, the Orange County Community Traffic Safety Team and any/all of its participating members and associated agencies, companies, or organizations including, but not limited to, the physical property owner, the City of Orlando and Orlando Police Department, the City of Maitland and Maitland Police Department, the City of Ocoee and Ocoee Police Department, the University of Central Florida (UCF) and UCF Police Department, the Orange County Sheriff’s Office, the National Traffic Safety Academy, Inc. and their elected officials, employees, volunteers, agents, representatives, successors and assigns. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by the above named student, before, during, or after such participation.

Additionally, I authorize medical treatment and related transportation for the above named student, at my cost, if the need arises.

☐ By checking this box, I confirm that my teen driver has logged at least 50 hours behind the wheel AND has a valid driver’s license.

______________________________  ____________________________
Parent’s Signature                                      Date

______________________________
Parent’s Printed Name

______________________________  ____________________________
Witness Signature                                      Date
Collision Avoidance Training Program

VEHICLE OWNER’S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS

Student Name: _________________________________________________________________

I hereby certify that I am the owner of the vehicle, which the above-named student intends to use while taking this training course and hereby consent to such use. I hereby certify that this vehicle is in good working order, including the vehicle’s brakes, suspension, steering and tires. I understand that the training course involves moving vehicles being operated by inexperienced drivers and that damage may occur to the vehicle or to the other vehicles involved in the course. I understand the program will be lead by certified instructors, however, I agree to release and forever discharge the released parties defined below, of and from, all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the above named student’s participation in such course, and further agree to indemnify and hold each of the released parties against any and all liabilities, claims, actions, damages, costs, or expenses, including, but not limited to claims and disbursements. The released parties are the physical property owner, the Orange County Community Traffic Safety Team and any/all of its participating members and associated agencies, companies, or organizations including, but not limited to, the physical property owner, the City of Orlando and Orlando Police Department, the City of Maitland and Maitland Police Department, the City of Ocoee and Ocoee Police Department, the University of Central Florida (UCF) and UCF Police Department, the Orange County Sheriff’s Office, the National Traffic Safety Academy, Inc. and their elected officials, employees, agents, representatives, successors and assigns. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by the above named student, before, during, or after such participation. I understand that the above-named student will be required to provide valid proof of vehicle insurance coverage, meeting or exceeding appropriate state limits, and provides for coverage of the above-named student and the vehicle they will be using in the training. I understand that my personal automobile insurance provider will be the first line of liability in the event of any incidents resulting in bodily harm and/or property damage.

Vehicle Make: ___________________________ Model: ___________________________

Physical Description (color, body style, etc): _____________________________

Vehicle Identification Number: ____________________________________________

Insurance Provider: __________________________________________________________

Insurance Provider’s Phone Number: _____________________________________________________________________________
(Please provide number listed on back of your insurance card or within your policy agreement)

Insurance Provider’s Address: _______________________________________________________________________________________
(Please provide the address listed on the back of your insurance card or within your policy agreement)

Policy Holder’s Name: ____________________________________________________________

Policy Number: ______________________________________________________________

Is the student driver covered under this policy to operate this vehicle? ____________________________

** If the answer to the above question is “Yes”, please sign below. If the student driver is not covered under this policy, please proceed to the next page and complete their vehicle insurance coverage information.

________________________________________        __________________________
Vehicle Owner’s Signature                        Date

________________________________________     __________________________
Vehicle Owner’s Printed Name
If the student driver is covered under a different policy from that of the vehicle listed above, please complete the section below. If both student driver and the vehicle are covered under the same policy, please disregard this section.

Auto Insurance Provider: __________________________________________________________

Auto Insurance Provider’s Phone Number: ____________________________________________
(Please provide number listed on back of your insurance card or within your policy agreement)

Auto Insurance Provider’s Address: _________________________________________________
(Please provide the address listed on the back of your insurance card or within your policy agreement)

Policy Holder’s Name: ____________________________________________________________

Policy Number: __________________________________________________________________

I acknowledge that any claims of property or bodily damage, resulting from ___________ Student’s Name (printed) participating in the Collision Avoidance Training Program, will be made through the insurance provider listed above, of which I am the primary insured.

________________________________________        ____________________________
Primary Insured Party’s Signature        Date

________________________________________
Primary Insured Party’s Printed Name