

Teen Driving Contract

I will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times. I will obey all traffic lights, stop signs, other street signs, and road markings. I will never use the car to race or to try to impress others

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ı	promise	that	ı	WIII:

- □ Stay within the speed limit and drive safely
- □ Drive only when I am alcohol and drug free
- □ Be a passenger only with drivers who are alcohol and drug free
- □ Always wear a seat belt and make all my passengers buckle up
- □ Drive with both hands on the wheel
- □ Never eat, drink, or use a cell phone while driving
- □ Drive only when I am alert and in emotional control
- □ Never give rides to hitchhikers

If I am impaired in any way that interferes with my ability to drive safely, I will call my parents for a ride home.

I will drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission. I will respect laws about drugs and alcohol and never allow any alcohol or illegal drugs in the car. I will only drive someone else's car if I have parental permission. I will pay for all traffic citations or parking tickets.

I will complete my family responsibilities and will maintain good grades in school.
I will contribute to the costs of gasoline, maintenances, and insurance as listed below:
I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experiences and demonstrate that I am a responsible driver.
For the nextmonths, I will not drive aftero'clock at night. For the nextmonths, I will not transport more thanteenaged passengers.
For the nextmonths, I won't adjust the stereo or air conditioning / heat while the car is moving.
For the next months, I will not drive in bad weather.
I understand that I am not permitted to drive to "off limit" locations or on roads and highways listed below:

[☐] HUNTERDON HEALTH & WELLNESS CENTER 537 Route 22 EAST • Whitehouse Station, NJ 08889 PHONE 908-823-1100 FAX 908-823-0433

I agree to follow all the rules and restrictions in this contract. I understand that my parents will impose penalties including removal of my driving privileges, if I violate the contract. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

Penalties for contract violations:	
Drove after drinking alcohol or using drugs: Got ticket for speeding or moving violation: Violated night restriction: Broke promise about seat belts (self or others): Drove on a road or to an area that is "off limits	
Signatures:	
Driver	Date
Parent or guardian	Date
Parent or guardian	Date

Suggested restrictions:

Initially: No teen passengers

No driving after 9 pm

In 6 months: 1 teen passenger

No driving after 11 pm

In 12 months: further restrictions depending upon maturity and driving record

Source: American Academy of Pediatrics, 12/06 Reviewed 2/11, 11/13, 9/15