

# Haysville Senior Center

160 Karla Avenue  
Haysville, KS 67060  
316-529-5903



## Haysville Hustle Rider Registration

### Rider Information:

Name of RIDER (PRINT): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Contact Phone #: (\_\_\_\_) \_\_\_\_\_ Phone Type (CHECK ONE)  HOME  CELL

Address of RIDER: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: \_\_\_\_\_ Relationship to Rider: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Student Passenger Secondary Emergency Contact: \_\_\_\_\_

### To help us serve you better, please check any of the following that apply to rider:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hearing Impaired     | <input type="checkbox"/> Visually Impaired            | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Cognitively Impaired | <input type="checkbox"/> Memory Impaired              | <input type="checkbox"/> Use Cane/Crutch |
| <input type="checkbox"/> Use Oxygen           | <input type="checkbox"/> Other, please explain: _____ |  |

### Please check which applicable mobility device(s) you will use during transport:

- |                                     |                                  |                                      |   |
|-------------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Scooter | <input type="checkbox"/> Walker/Cane | <input type="checkbox"/> Motorized Wheelchair |
|-------------------------------------|----------------------------------|--------------------------------------|---|

### Operating Policies and Procedures for the Haysville Hustle

I have read, received and understand that these rules and procedures are in place to promote a safe and respectful bus environment. I will abide by the outlined policies and procedures. I further understand that this form must be signed and returned before riding the Haysville Hustle.

Print Name (self/parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (self/parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_