

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:

- | | | |
|---|---|--|
| ☐ Hearing Impaired | ☐ Visually Impaired | ☐ Speech Impaired |
| ☐ Cognitively Impaired | ☐ Memory Impaired | ☐ Use Cane/Crutch |
| ☐ Use Oxygen | ☐ Other, please explain: _____ | |

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

- | | | | |
|-------------------------------------|----------------------------------|--------------------------------------|---|
| ☐ Wheelchair | ☐ Scooter | ☐ Walker/Cane | ☐ 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: _____

