Assumption Parish Shuttle
Rider Registration Form

PRIMARY

Last Name_____First Name _____
Phone Number (where you prefer to receive calls):_____
Address:_____ Zip Code _____
Email: _____
Registration Date:_____

PERSONAL

Birth date:_____Gender:☐ Male☐ Female
Marital Status:☐ Married☐ Widowed☐ Single ☐ Divorced

MEDICAL

☐ Do you use a wheelchair?
☐ Do you use a cane? ☐ Do you use a walker?
☐ Vision problems ☐ Hearing problems
☐ Other major health conditions? _____

Primary Doctor:_____ _____
Doctor's address: _____
Doctor's phone_____ Exchange:_____

EMERGENCY CONTACT

Name_____Relationship_____
Phone numbers: Home_____Cell_____
Work_____