



# Hopewell Valley Rides New Rider Registration



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Does the rider use:      WALKER      CANE      WHEELCHAIR

Does the rider have:      HEARING IMPAIRMENT

   VISUAL IMPAIRMENT

Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_