

## Haysville Senior Center

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



## Haysville Hustle Rider Registration

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

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

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

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

Is this address inside Haysville city limits (CIRCLE ONE)?    YES    NO    NOT SURE

Names of Riders at Address	Date of Birth	Age	Gender (not required)	Race (not required)

Emergency Contact: \_\_\_\_\_ Relationship to rider(s): \_\_\_\_\_

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

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

\_\_\_\_ Hearing Impaired      \_\_\_\_ Visually Impaired      \_\_\_\_ Speech Impaired  
\_\_\_\_ Cognitively Impaired      \_\_\_\_ Memory Impaired      \_\_\_\_ Use Cane/Crutch  
\_\_\_\_ Use Oxygen      \_\_\_\_ Other, please explain: \_\_\_\_\_

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

\_\_\_\_ Wheelchair      \_\_\_\_ Scooter      \_\_\_\_ Walker      \_\_\_\_ Motorized Wheelchair

Signature: \_\_\_\_\_ Date: \_\_\_\_\_