

Please PRINT LEGIBLY and fill out the form COMPLETELY



## Rider Registration Form

**For Office Use Only:**

Date \_\_\_\_\_ PVTA Rider ID# \_\_\_\_\_ Service: GA NF CL SD  
MM/DD/YY      
Photo I.D. Attached?  Nature of Disability: Mob/Erail W/C COG Vision Other

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number Street Unit E-mail

City \_\_\_\_\_ Zip \_\_\_\_\_ Dist. \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male Female Do you have a disability: Yes No  
MM/DD/YY

Please describe your disability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you utilize a mobility device? Wheelchair Walker Scooter Cane Other

Who should we contact in case of an emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you feel you are able to ride Get About without assistance? Yes No

Do you have reasons to travel outside the Get About 4 City service area?  
(Claremont, La Verne, Pomona, San Dimas) Yes No

If I am a minor, person under the age of 18, my parent or guardian has read and understood the information above and gives consent to the City for Claremont and Pomona Valley Transportation Authority to obtain my personal information as provided in this application for transit services.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Please Print

The personal information collected from this registration form will be used only for its intended purpose and will be stored in accordance with federal and state law. Information will not be sold or shared with outside parties.