

2023-2024 Parent Information Update



Parent One Name: _____

Contact Information

Household Address

Street:

City/State:

Zip:

Email: _____

Phone

Preferred Phone:

Home Phone:

Cell Phone:

Work Phone:

Emergency Contact:

Contact's Phone:

Relationship :

Preferred Hospital for Emergency Treatment:

Parent Two Name: _____

Contact Information

Household Address

Street:

City/State:

Zip:

Email: _____

Phone

Preferred Phone:

Home Phone:

Cell Phone:

Work Phone:

Emergency Contact:

Contact's Phone:

Relationship :

Preferred Hospital for Emergency Treatment:

I will attend Parent Meeting (circle day below): **Name:** _____

Wednesday, Sept. 6th at 7 pm

Saturday, Sept. 9th at 10 am

**** Please watch online training videos and review the Volunteer Handbook by August 15.****

If you have any questions before the start of class, please contact the office at ridewithus@miteyriders.org.

For Office Use –Safety Training: _____ Signed: _____

2023-2024