Parent Information Update

Mitey Riders 2025-2026

Parent One Name:	
Street Address:	Preferred Phone:
City/State:	Home Phone:
Zip:	Cell Phone:
Parent One Email:	
Emergency Contact:	
Contact's Phone:	
Relationship:	_
Preferred Hospital for Emergency Treatment:	
Parent Two Name:	
Street Address:	
City/State:	Home Phone:
Zip:	Cell Phone:
Parent Two Email:	·
Emergency Contact:	
Contact's Phone:	
Relationship:	
Preferred Hospital for Emergency Treatment:	
Initial Received/reviewed the Parent Handbook - miteyriders.org/forms-downloads-2/	
Initial Watched training videos at miteyriders.org/volunteer-training/	
If you have any questions before the start of class, please contact the office at	r riaewitnus@miteyriaers.org.
For Office Use –Paperwork Received Signed:	2025-2026