



RIDER REGISTRATION FORM

PEOPLE'S TRANSIT

120 WYOMING AVE SW

HURON, SD 57350

PHONE: 605-353-0100/FAX: 605-353-0102/www.peoplestransithuron.com

Today's Date: _____

Passenger's Last Name: _____ First Name: _____ Middle Initial: _____

Ambulatory: ___ Wheelchair/Lift: _____ Ethnicity: Caucasian/Hispanic/African American/Native American/Asian/Other

Street Address: _____ City: _____ State: _____

Birthdate: _____ Sex: M/F Medicaid # (if Applicable): _____

Home Phone #: _____ Cell Phone #: _____ Work #/Name of Employer: _____
(Guardian's if Minor)

Start Date of Ride: _____ End Date of Ride (if Applicable): _____

_____	*Standing Reservation (rider will be picked up unless you call at least one hour in advance to cancel) <i>*(Must call at least once hour in advance to cancel or will be charged for that scheduled ride)</i>
_____	Will Call Reservation (must call one day in advance if ride is needed or will not be able to ride)

Day of Ride(s): (Circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

Start Time: _____	Name/Address of <u>Pick-Up Location</u> : _____
	Phone #: _____

	Name/Address of <u>Destination</u> : _____
	Phone #: _____

Return Trip? _____ Yes _____ No

If yes:	
Pick-Up Time: _____	Name/Address of <u>Pick-Up Location</u> : _____
	Phone #: _____

	Name/Address of <u>Destination</u> : _____
	Phone #: _____

LEGAL GUARDIAN INFORMATION (If Minor)

Name: _____ Address: _____

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____ Relationship to Passenger: _____

NAME OF THOSE AUTHORIZED TO MAKE CHANGES TO SCHEDULE (IF MINOR): _____

Passenger and/or Legal Guardian Please Read and Initial

I hereby acknowledge that People's Transit has a no refund policy on ALL fares or lost bus passes.	
I understand that lack of payment will cause interruption in service.	
I understand that payment is to be made either in advance or upon boarding the bus.	
I understand that I need to pre-schedule (by 4:30pm the day before) to receive discount rates.	
I understand the no show policy (I may incur additional fees & 2 no shows in a row will cancel my standing).	
I understand that any cancelations must be made a minimum of 1 hour prior to requested pick up times.	
I understand that altering a prescheduled ride must be made by 4:30pm the day before or I risk paying the same day fare.	
I understand that I am responsible for updating my personal information as needed (i.e. change of address or phone number).	
I understand any misconduct on the bus will result in a warning and a parent or guardian will be notified. If the problem persists the rider will be suspended from riding. The length of suspension will depend on the seriousness of the misconduct. BULLYING WILL NOT BE TOLERATED!	
I understand that People's Transit reserves the right to refuse service.	
I understand that People's Transit is committed to providing NON-discriminatory service & that I may call the office with concerns.	
I understand that as a parent/guardian if I'm not outside when People's Transit drops off my child, the child will be taken to our office unless otherwise given permission to drop off unattended. After 3 times of this occurring local authorities will be notified.	
If child damages bus, Parent/ Guardian is responsible for damages.	

The above information is true to the best of my knowledge.

Parent/ Guardian Signature	Date: