



drivers parents can trust™

Family Registration

PARENT/LEGAL GUARDIAN INFORMATION

NAME:		RELATIONSHIP:	
ADDRESS:	CITY:	STATE:	ZIP:
CELL PHONE:	PHONE (OTHER):	EMAIL:	

PARENT/LEGAL GUARDIAN INFORMATION

NAME:		RELATIONSHIP:	
ADDRESS:	CITY:	STATE:	ZIP:
CELL PHONE:	PHONE (OTHER):	EMAIL:	

CHILD(REN) INFORMATION

FIRST NAME	LAST NAME	GENDER	CELL PHONE	BIRTHDATE	AGE

MEDICAL CONDITIONS?

**including but not limited to: food/medication allergies, asthma, diabetes, epilepsy, heart conditions, etc.

CHILD NAME	CONDITION	APPROPRIATE DRIVER RESPONSE

EMERGENCY CONTACT INFORMATION

**driver will call emergency contacts in the order listed

NAME:	RELATIONSHIP:	CELL PHONE:
NAME:	RELATIONSHIP:	CELL PHONE:
NAME:	RELATIONSHIP:	CELL PHONE:



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Family Registration

SCHOOL INFORMATION

NAME:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
DISMISSAL TIME:	CHILD(DREN) ATTENDING:		

SCHOOL INFORMATION

NAME:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
DISMISSAL TIME:	KIDS ATTENDING (NAMES):		

HEALTH INSURANCE INFORMATION

POLICY HOLDER'S NAME:	RELATIONSHIP TO CHILD:		
INSURANCE COMPANY:	GROUP NUMBER:	POLICY NUMBER:	

PEDIATRICIAN INFORMATION

DOCTOR'S NAME:		PHONE:		
ADDRESS:	SUITE:	CITY:	STATE:	ZIP:

PARENT/GUARDIAN SIGNATURE

I hereby confirm:

- I am the parent and/or legal guardian of the child(ren) listed above.
- All information provided is correct to the best of my knowledge.
- I authorize my child(ren) listed above to travel with RYDZ transportation.

PARENT/GUARDIAN NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE