

Rivendell ReCreation Center  
12469 Warner Hill Road  
South Wales, NY 14139  
716-457-3365

A Not-for-Profit Corporation

**RIDER/DRIVER APPLICATION FORM**

<b>Name:</b>	_____
<b>Street:</b>	_____
<b>City:</b>	_____
<b>State:</b>	_____
<b>Zip + 4:</b>	_____
<b>Phone Number:</b>	_____
<b>Date of Birth:</b>	_____
<b>Gender:</b>	_____

<b>General Information</b>	<b>Disability:</b>	_____
	<b>Medications:</b>	_____
	<b>Height:</b>	_____
	<b>Weight:</b>	_____
	<b>Allergies:</b>	_____

<b>In Case Of Emergency</b>	<b>Person to Notify:</b>	_____
	<b>Phone Number:</b>	_____
	<b>Physician's Name:</b>	_____
	<b>Physician's Phone Number:</b>	_____
	<b>Name of Applicant's Ins. Co.</b>	_____
	<b>Insurance Number:</b>	_____

<p>Please understand that Rivendell reserves the right to accept or reject a rider or driver. Please remember that riding or driving is not for everyone. In the event of a rejection, there will be a verbal or written explanation.</p> <p><b>SIGNATURE (Parent, Applicant or Guardian)</b> _____</p> <p><b>Date:</b> _____</p>
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