



Northern Essex Elder Transport, Inc.

# Senior Rider Registration Form

Name: \_\_\_\_\_

**PLEASE PRINT**

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell \_\_\_\_\_

Birth Year: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Veteran  Yes  No

COVID 19 Vaccination  Yes  No  Have received one dose   
Optional

### Check any of the following that applies to you:

Uses a Rollator walker  Uses a walker  Needs assistance with seatbelt  
 Require Escort  Low Vision  Unable to get in Truck or SUV

**Please let us know if you need special assistance: hearing impaired, etc.**

\_\_\_\_\_  
\_\_\_\_\_

### ACKNOWLEDGEMENT

**Your signature is required below to acknowledge that:**

- Have read and agree to abide with the Senior Rider Guidelines – NEET Reopening COVID 19 Phase I – October 2020
- You understand that failure to abide by these guidelines may result in a lack of services.
- You understand that our program uses volunteer drivers and availability may be limited.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE MAIL this page and your signed waiver (two white pages) back in the enclosed self-addressed envelope.***