

# KIDZ SAFE RIDE Registration Application

In order to provide you and your family with great, safe, reliable service, we'll need a bit of information about you, your children and their transportation needs. Please refer to our Terms and Conditions document for a full explanation of the terms of service and your responsibilities under this Agreement. This document must be signed and accompanied by a non-refundable registration fee of \$50 (one child) or \$75 (2+ children).

## Parent/Guardian Information

Parent's/Guardian's Name(s):

\_\_\_\_\_

Relationship to Passenger(s): Mom/Dad/Other \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Work Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

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

## Passenger(s) Information

Passenger 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Gender: Male/Female (Circle One) Date of birth: (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs the driver should be aware (medications, allergies, food allergies, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Passenger 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male/Female (Circle One) Date of birth: (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs the driver should be aware (medications, allergies, food allergies, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Passenger 3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male/Female (Circle One) Date of birth: (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs the driver should be aware (medications, allergies, food allergies, etc.):

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Passenger 4

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male/Female (Circle One) Date of birth: (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs the driver should be aware (medications, allergies, food allergies, etc.):

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**Emergency Contact Information**

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Work: \_\_\_\_\_

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**On-Demand Transport Details**

On-demand pick-up and drop-off details must be arranged with your Kidz Safe Ride representative prior to pick-up.

**Regularly Scheduled Transport Details**

Please complete all fields to ensure accuracy with scheduling your child’s transportation needs. Each section needs to be detailed and legible. Be sure to specify the days, dates and times that transportation will be needed, as well as any special instructions you think may be necessary or helpful:

1. Pick-Up #1 FOR Child No. \_\_\_\_\_

Circle one: Home/ School Days: M/ T /W/ TH / F (Requested) Pick-up Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name of School (if school): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Please provide the name of someone at this location who will know the passenger (if not being picked up at home or school):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Passengers: \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Drop-Off #1 FOR Child No. \_\_\_\_\_

Circle one: Home/ School Days: M/ T /W/ TH / F (Requested) Drop-off Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name of School (if school): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Please provide the name of someone at this location who will know the passenger (if not being picked up at home or school):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Passengers: \_\_\_\_\_

Phone #: \_\_\_\_\_

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3. Pick-Up #2 FOR Child No. \_\_\_\_\_

Circle one: Home/ School Days: M/ T /W/ TH / F (Requested) Pick-up Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name of School (if school): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Please provide the name of someone at this location who will know the passenger (if not being picked up at home or school):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Passengers: \_\_\_\_\_

Phone #: \_\_\_\_\_

4. Drop-Off #2 FOR Child No. \_\_\_\_\_

Circle one: Home/ School Days: M/ T /W/ TH / F (Requested) Drop-off Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name of School (if school): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Please provide the name of someone at this location who will know the passenger (if not being picked up at home or school):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Passengers: \_\_\_\_\_

Phone #: \_\_\_\_\_

Use additional Transport Details sheets for more Children.

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**Billing Details**

Billing Information: If different from the Primary Contact, please enter the name and billing address of the party responsible for payment of fares and other fees:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title or relationship \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Invoices will be emailed monthly on or about the 21st of each month, due by the last Friday of each month. Invoices may be paid each month by check, credit card or Paypal. However, we must have a valid credit card on file to cover additional fees as they occur. We notify if this card has been used for any charges.

This card information will NOT be used for automatic monthly payments unless you authorize it, and will be kept in a secure location. Please enter credit card information below:

**We accept VISA/MC/DIS/AMEX**

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Card Number \_\_\_\_\_ Exp.Date \_\_\_\_\_

Check HERE to authorize payment of registration fee from this card \_\_\_\_\_

Please read and initial each paragraph below:

**Consent to Emergency First Aid & Transportation:**

\_\_\_ I hereby give permission that my child (listed above) may be given emergency treatment by a staff member at Kidz Safe Ride. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment. I agree that Kidz Safe Ride, MILESTONE MEDIA GROUP and its employees are not liable for medical costs, damages, fees or further injury during transport.

I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases.

**Consent to Medical Care and Treatment:**

\_\_\_ In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Kidz Safe Ride, MILESTONE MEDIA GROUP and its employees harmless and indemnify each and all parties herein referred to above as releases from all financial liability.

May We Photograph Your Child/Children for Security Purposes? \_\_\_yes \_\_\_no

I understand and agree to all terms and conditions of this agreement as stated above:

Signed \_\_\_\_\_ Date \_\_\_\_\_