



Passenger Information

Date: _____

Contact Information

Name: _____ Sex: M / F Date of Birth: _____

Address or Facility or location of pick up: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact 1: _____ Phone: _____

Relationship: _____

Emergency Contact 2: _____ Phone: _____

Relationship: _____

Personal Information

This information is collected to allow the Cycling Without Age Program to assess a person's suitability for the program and to provide the best and safest level of service possible.

Please describe your mobility: Completely Mobile Cane Walker Wheelchair

Are you able to sit up and down unassisted? Yes No

Are you able to sit up unaided Yes No

Do you need a companion to ride with you? Yes No

Do you require supplemental oxygen Yes No

Do you have any allergies? Yes No

If Yes, please detail: _____



Passenger Information

In order to assist pilots planning your ride, please share your approximate weight:

Do you have any medical conditions that may affect you while using the Cycling without Age Program (vision difficulties, hearing loss, osteoporosis, heart conditions, etc.)?

Is there anything else that the volunteer should be aware of (i.e. requires staff assistance for Trishaw, dietary restrictions)?

I give permission to use my photo for CWA Fernie Foundations promotion purposes

Yes

No