



Facilitating Safety Training, Environmental Responsibility and Recreational Opportunities for Active User Groups

Please complete this **Rider Information Form** and email to info@lirtc.org.

Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Email:			
Date of Birth:	Occupation:		

Rider #1	Age:	
Year:	Make:	Model:
Exhaust:	Stock	Modified

Rider #2	Age:	
Year:	Make:	Model:
Exhaust:	Stock	Modified

Rider #3	Age:	
Year:	Make:	Model:
Exhaust:	Stock	Modified

Rider #4	Age:	
Year:	Make:	Model:
Exhaust:	Stock	Modified

Rider #5	Age:	
Year:	Make:	Model:
Exhaust:	Stock	Modified

Rider #6	Age:	
Year:	Make:	Model:
Exhaust:	Stock	Modified

All riders are required to have helmets, eye protection, boots, gloves and quiet machines - 96db or less.

Does a Health Insurance Plan cover all family members? Yes _____ No _____

Health Insurance Company Name: _____

Health Insurance Policy Number: _____

List any family members without Health Insurance Coverage. _____

Do all ATVs / Dirt Bikes have current Department of Motor Vehicle Registrations? Yes _____ No _____

Do all ATVs / Dirt Bikes have liability insurance policies as required by NYS law? Yes _____ No _____