

YOUTH TRANSPORTATION PASS REGISTRATION FORM

Please answer each question and write legibly.

| | | | |
|--|----------------|---|--|
| Last name | | First name | |
| Profile number in registration in the City's recreational activities (if applicable) | | Year of birth | |
| Street address | DIEPPE City | Postal code | |
| Emergency contact name (required) | | Emergency contact telephone number (required) | |
| Email address (required) | | | |

To be eligible, participants must:

- Live in Dieppe and show valid proof of residency.
- Be between 6 and 18 years of age and show valid proof of age to receive a pass for 12-to-18-year-olds. (Note that passes will be valid until August 31 of the year of the passholder's 18th birthday.)
- Be accompanied by a parent when they register, if they are under 12.

PASS TERMS OF USE

By accepting and using the pass, you agree that:

- The pass remains the property of the City of Dieppe. It may be revoked if it is misused, falsified or damaged.
- Initial registration is free and non-transferable.
- Loss or theft of a pass must be reported to 877.7900 as soon as possible. A fee of \$10 will be charged to replace a lost or stolen pass.
- The pass must be presented at each boarding and at the request of the bus driver or the Codiac Transpo staff.
- The pass is valid for Dieppe routes only and riding continuously on the same bus is prohibited.
- The City of Dieppe may send participants periodic surveys to evaluate the program.
- Participants with an 11-and-under pass who turn 12 may exchange their pass at no cost by presenting valid proof of age.

I certify that I have read and understand the terms of use and that the information provided by me on the form is true.

| | | |
|--------------------|-----------------------------|---|
| day / month / year | | |
| Date | Signature of the passholder | Parent's signature (for passholders 11 and under) |

Reserved for use by the City of Dieppe The participant is not already in the register.

| | | | |
|--------------------|--|--|--|
| day / month / year | <input type="checkbox"/> S-12 <input type="checkbox"/> S-18 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Registration date | Pass registration number | Initials of the person who reviewed the form and approved the pass | |

The personal information on this form is collected under the authority of the *Right to Information and Protection of Privacy Act (RTIPPA)* and the *Personal Health Information Privacy and Access Act (PHIPAA)*. Questions related to the collection of personal information may be sent to the clerk, 333 Acadie Avenue, Dieppe, New Brunswick E1A 1G9, 506.877.7900.

