2026 WOTA Registration Passenger Information

Send to: WOTA, 250 W. Livingston Rd., Highland, MI 48357 or email to: info@rideWOTA.org Office Phone: (248) 887-4979

Minor Consent Form

Please complete the following information on behalf of the minor.

Full Name: _____

Date of Birth: _____ Please circle the appropriate gender: Male or Female

Please list all disabilities below: (Must complete disability forms if applicable)

_____

_____

I/We authorize that my child to allowed to travel **with the following adult(s) named below**:

Adult Name: _____ Relationship: _____

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Absolutely no minors travel alone. All minors (regardless of age) and accompanying adults must have a completed registration form on file.

I/We authorize that I/we are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardians of the above mentioned my child by our signature below.

Parent / Legal Guardian Signature: _____

Date: _____ Full Name (Print): _____