

LATHREM SENIOR CENTER TRANSPORTATION SERVICES

ENROLLMENT INFORMATION

Office Use Only:

Transportation Services Membership Expiration Date: ____/____/____

Transportation Services Membership Expiration Date: ____/____/____

Date entered/updated in Transportation Database: ____/____/____

TODAY'S DATE: _____

NAME: (LAST) _____ (FIRST) _____

STREET ADDRESS: _____ CITY: _____

ZIPCODE: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: ____/____/____

PLEASE *CIRCLE* THE APPROPRIATE RESPONSE FOR YOUR SITUATION:

Do you use a: Wheelchair Walker Cane

Are you Vision Impaired? YES NO Are you Hearing Impaired? YES NO

Will an aide or family member be accompanying you? YES NO OCCASIONALLY

Please list any additional medical/physical conditions or notes regarding pick up of which we should be aware:

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Primary Phone: _____

Secondary Phone: _____

PLEASE TURN OVER TO COMPLETE WAIVER & DEMOGRAPHIC INFORMATION

DEMOGRAPHIC INFORMATION

We are required to ask the following information. It will be compiled for statistical purposes only and no names will be associated with the information.

Please CIRCLE the answers that best describe you:

Race:

Black / African American Asian White / Caucasian Hispanic / Latino Native Americans
Pacific Islander Multi-Racial Other _____ Unknown

Gender:

Male Female Transgender Nonbinary

Do you:

Live alone Not Living Alone Other Living Status _____ Unknown Living Status

Yearly Household Income:

\$0 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 – \$25,000
\$25,001 & Above Unknown

Age:

60-64 65-69 70-74 75-79 80-84 85-89 90-99 100 + Years Unknown

WAIVER FOR PARTICIPANT

I, for myself and my child(ren), agree to assume all risks, including, but not limited to, risk of physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or damage I or my child(ren) may sustain as a result of participating in any and all activities connected with or associated with this program(s). In consideration of the City of Kettering allowing my child or my children to participate in this program, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever: release, waive, and relinquish all claims I or my child have or may have as a result of participating in this program; promise not to sue the City of Kettering or its officers, employees and agents; and agree to indemnify and hold harmless and defend the City of Kettering and its officers, employees and agents, from any and all liabilities, claims, demands, actions or causes of action resulting from, whether directly or indirectly, my or my child's participation in this program; and grant and give the City of Kettering the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion. By signing below, I certify that I have read and agree to be bound by these conditions and that all information contained herein is true and that I am giving up legal rights.

Participant signature

Date