## LATHREM SENIOR CENTER TRANSPORTATION SERVICES **ENROLLMENT INFORMATION**

Transportation Services Membership Expira	atabase:// Initials: ation Date:// Initials: ation Date:// Initials:				
Date:					
Name:					
(First Name)	(Last Name)				
Address:					
(Street) Email:	(City) (State) (Zip)				
Mobile Phone:	Home Phone:				
Date of Birth: / /					
Do you have any physical disabilities? (C	Check all that apply)				
Mobility Impairment	Hearing Impairment				
Visual Impairment	Cognitive Impairment				
Do you use any of the following? (Check of	all that apply)				
Wheelchair (foldable)	Electric Wheelchair or Scooter				
Walker	Personal Care Assistant				
Service Animal	(Someone traveling with you)				
Please list any additional notes regardin	ng pick up of which we should be aware:				
Emergency Contact:					
Name:	Relationship:				
Phone Number 1:	Phone Number 2:				

## **DEMOGRAPHIC INFORMATION**

The following demographic information is compiled for standard reporting. No names are attached to any information. Please answer the questions as thoroughly as you can. Thank you.

## Please CIRCLE the answers that best describe you:

Gende	r: Male	Ferr	nale	Transg	ender	Nont	binary			
<b>Race:</b> Black / African American			Asian	Asian Whit		te / Caucasian		Hispanic / Latino		
Native Americans Pacif			ific Islan	nder Multi-Racial			l C	Other		
<b>Do you</b> : Live alone Not Living Alone				(	Other Living Status			Jnknown Living Status		
<b>Yearly Household Income:</b> \$0 - \$4,999					\$3	\$35,000 - \$49,999				
	\$5,000 - \$9,999				\$50,000 - \$74,999					
	\$10,000 - \$14,999				\$100,000 - \$149,999					
	\$15,000 - \$19,999				\$1	\$150,000 - \$199,999				
	\$20,000 - \$24,999				\$200,000 or more					
	\$25,000 - \$34,999				Unknown					
Age:	60-64	65-69	70-74	75-79	80-84	85-89	90-99	100 + Years		

## 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 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.

Signature: \_\_\_\_\_