

Last Name: _____



Barbara Lee Senior Center
Shuttle Service Registration Form

Please print.

First Name: _____ Last: _____ Birthdate: ____/____/____
Month/Day/Year

Gender: (circle one): Male / Female Home Phone: _____ Cell: _____

E-mail: _____

What is your primary language: _____ Translator needed: (Circle one) Yes or No

Address: _____ City: _____ Zip: _____

_____ Facility Phone: _____

Name of Community: (Retirement / Assisted Living Community, Apartment Complex, etc.)

ELIGIBILITY:

- Do you currently receive Mobility Management Benefits from the Senior Nutrition Program such as a monthly gas card, bus pass, VTA Access ride? (circle one) Yes / No
- Are you A Barbara Lee Senior Center Member: (circle one) Yes / No

Do you live in the City of Milpitas? (circle one) Yes / No

- Do you currently drive: (circle one) Yes / No
- Do you require a caregiver? Yes/No If yes, please have Caregiver complete the Caregiver section.
- Are you visually impaired? Yes / No
- Physical limitations of note (i.e. hearing impaired):

➤ Any mobility aids used: Please check one

- Cane
- Walker
- Standard or motorized wheelchair
- Other: _____

Emergency Contact information

Name: _____	Relationship: _____	
Home Phone: _____	Cell/Work: _____	Other: _____
Email Address: _____		
Name: _____	Relationship: _____	
Home Phone: _____	Cell/Work: _____	Other: _____
Email Address: _____		

Caregiver Participant section (if applicable)

First Name: _____ Last: _____ Birthdate: ____/____/____
Month/Day/Year

Gender: (circle one): Male / Female Home Phone: _____ Cell: _____

E-mail: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

First Name: _____ Last: _____ Birthdate: ____/____/____
Month/Day/Year

Gender: (circle one): Male / Female Home Phone: _____ Cell: _____

E-mail: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND.

I/We, the undersigned, agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by myself arising out of or in any way connected with my participation in any Barbara Lee Senior Center arranged trip, class, activity, including use of the Senior Center shuttle service. I also agree as a participant of any free event, class, activity, or program to grant full permission to the City of Milpitas to use my name and any photograph, videography, motion picture or recordings for any publicity and promotion purposes without obligation or liability to me. I have read, understand, and agree to all of the policies of the Senior Center in regards to Refunds/Cancellations/Transfers of programs and trips, Rules of Conduct/Participant Criteria and Discipline Policy as described in the newsletters and at the Senior Center.

Member Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____