PHOENIXVILLE AREA SENIOR CENTER
TRAVEL INFORMATION FORM

PLEASE PRINT

DATE:_____

All Participant information provided is strictly confidential

NAME _____
Last First Middle I.

Social Sec. XXX/XX/_____ (last 4 digits only - Required by Commonwealth of PA)

Address _____
Street

Address _____
City State Zip Code

Municipality _____ **County** _____ **Date of Birth** ____/_____/_____

Home Phone (_____) _____-_____ Marital Status _____

Cell Phone (_____) _____ Email Address_____

License Plate # _____Make & Model_____

Veteran: Yes__ No____ Male____ Female____ Ethnicity(optional)_____

EMERGENCY CONTACT

1. NAME_____DAYTIME PHONE_____RELATION_____

ADDRESS_____

FAMILY CONTACT

1. NAME_____PHONE_____RELATION_____

ADDRESS_____

PHYSICIANS NAME _____ PHONE (_____) _____-_____

Medical Condition (Please Print) Medications/Prescriptions (Please Print. No Dosage information needed)

1. _____/_____

2. _____/_____

Allergies/Precautions/ Special Concerns _____

_____

Disabilities/Limitations: _____

_____

Signature Required, please turn over read and sign on other side

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NAME _____ **Home Phone (_____) _____-_____**

The Phoenixville Area Senior Center (PASC) has written policies on the Privacy Act and will make copies available to all members of the organization upon their request. My signature on this registration form is confirmation that a copy of that document has been made available to me. Consumer's Initials _____

The Phoenixville Area Senior Center (PASC) reserves the right to use photos of participants activities in its publication and on its website. By signing this registration form, I am giving PASC consent to use my photograph in publications and on its website. Consumer's Initials _____

The Phoenixville Area Senior Center (PASC) may contact me or my contacts with information on upcoming events or fundraising efforts. PASC will not share my information with any other entity without my consent. Consumer's Initials_____ Consumer's Initials _____

FOR INFORMATION REGARDING OUR INFORMATION AND ASSISTANCE SERVICES, THE CHESTER COUNTY DEPARTMENT OF AGING SERVICES AND THE PHOENIXVILLE AREA SENIOR CENTER, PLEASE SEE A STAFF MEMBER.

Participation Policy and Waiver Consent

Individuals wishing to participate in trips held by the Phoenixville Area Senior Center, (the Center) should meet the following criteria to be considered appropriate for service provision:

- Suitable Attire
- While on bus, no talking to the bus driver.
- Behave in a non-aggressive and non-disruptive manner
- Be able to ambulate safely

The Center is **not responsible** for:

- Your transportation to and from the trip pick up point.
- Your parked vehicle

TRIP INSURANCE is offered and highly recommended if you are taking a multi-day trip. The only way to be sure you are able to get your deposit / trip payment refunded is to take the insurance. Multi-day trips are a major investment in time and effort to organize and a significant investment of your resources to participate. Insurance will cover any cancellation due to family emergency, personal illness, etc. Once the Senior Center has paid the deposit / trip payment to the trip provider we cannot refund the money. It is your responsibility to insure your investment in the trip with the trip insurance. Consumer's Initials_____

I wish to take part in one or more events of the Phoenixville Area Senior Center (the Center) and, to the best of my knowledge, information and belief, have no physical restraints, which would prohibit my participation in the events. In consideration of my application for participation being accepted, I being legally bound, do hereby for myself, my heirs, my executors and administrators, waive and release any and all my rights I may have against the Center, its directors, officers, agents, staff (paid or volunteer) and any other co-sponsoring organizations for any and all injuries, claims, damages or causes of action, suffered by me during my participation in the events of the Center. The Center has my permission to have a physician attend me if it is deemed necessary for my health, welfare and safety. I attest and verify that I am in sufficient good health for each activity, and my physical condition has been verified by a licensed physician. I have further read and understand the participation guidelines of the Center.

Signed: _____ Date:_____

REVISED 8/2015