

SENIOR CITIZEN TRANSPORTATION PROGRAM REGISTRATION

DATE:

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

ZIP CODE

TELEPHONE NUMBER:

DATE OF BIRTH:

SEX:

DISABILITIES:

Do you use a wheelchair? _____ Yes _____ No If yes, you must have an aide accompany you to assist you getting on and off the bus.

MEDICAL PROBLEMS:

CURRENT MEDICATIONS:

DOCTOR'S NAME:

DOCTOR'S TELEPHONE NUMBER:

NAME OF EMERGENCY CONTACT:

TELEPHONE NO. OF EMERGENCY CONTACT:

RELATIONSHIP OF EMERGENCY CONTACT:

I hereby release Hillsborough Township from any and all liability and hold Hillsborough Township harmless in connection with any accidents, illness or personal injuries that might arise or result from my use of the Hillsborough Township senior citizen bus.

Signature: _____ Date: _____