

# Senior Wheels Registration Form



Date: \_\_\_\_\_

A transportation collaboration between the Cities of Berea and Strongsville. Call 440-826-0800 to schedule your trip.

Ehrnfelt Senior Center: 440-580-3275  
Berea Community Outreach: 440-826-4891

## Rider Information

Name: \_\_\_\_\_

Last

First

Middle Initial

Address: \_\_\_\_\_

City: Strongsville State: Ohio Zip Code: \_\_\_\_\_

Apartment Complex Name\*: \_\_\_\_\_ Apt #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ \* Riders must be 60 years or older or disabled adult residents

\*Senior Wheels does not transport individuals from assisted living or skilled nursing facilities.

## Emergency Contact Information

Relative/Friend

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Relative/Friend

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mobility Considerations**

**Do you use any of the following:**

- Walker       Cane       Wheel Chair       Motorized Wheel Chair  
 Hearing Aid       Assist Dog       Other \_\_\_\_\_

**Do you have a wheel chair ramp at your home?**    Yes                       No

**Do you need a Personal Care Aid?**    Yes                       No

PCA's are required for those who need assistance boarding, deboarding, or entering or exiting destination. Senior Wheels is a curb to curb service.

**Special Needs:** \_\_\_\_\_

\_\_\_\_\_

**Special Pick Up Instructions**

\_\_\_\_\_

\_\_\_\_\_

**Waiver and Release**

In consideration of the City of Strongsville and the Strongsville Recreation and Senior Department granting me permission to engage in transportation services at the Walter F. Ehrnfelt Recreation and Senior Center or any other site that the City of Strongsville has secured for said transportation services, the undersigned does hereby waive, release, save, hold harmless and indemnify the City of Strongsville, the Strongsville Recreation and Senior Department, their organizers, officers, employees, agents, and sponsors for any and all claims or damage for personal injury or sickness to me or loss of property which may be caused by any act or failure to act on the part of the City of Strongsville, the Strongsville Recreation and Senior Department , their organizers, officers, employees, agents, and sponsors. The undersigned further assumes the risk of any conditions to which they may be exposed during the course of such activities, and waives any and all notice thereof.

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

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_