



CITY OF SEAL BEACH – COMMUNITY SERVICES & RECREATION DEPARTMENT  
 211 8<sup>TH</sup> STREET, SEAL BEACH, CA 90740

APPLICATION DATE:
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# SENIOR TRANSPORTATION PROGRAM APPLICATION

PARTICIPANT CONTACT INFORMATION	FOR OFFICIAL USE ONLY	
FIRST NAME:	SMP ID #:	ISSUED DATE:
LAST NAME:	BIRTH DATE (MM/DD/YY):	GENDER:
ADDRESS:		
PHONE:	EMAIL:	

EMERGENCY CONTACT INFORMATION		
FIRST & LAST NAME:		RELATIONSHIP:
PHONE:	EMAIL:	
FIRST & LAST NAME:		RELATIONSHIP:
PHONE:	EMAIL:	

MOBILITY INFORMATION			
DOES THE PARTICIPANT HAVE PHYSICAL OR FUNCTIONAL LIMITATIONS? IF YES, PLEASE DESCRIBE:			
DOES THE PARTICIPANT REQUIRE MOBILITY DEVICE OR SPECIAL EQUIPMENT FOR TRANSPORTATION:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WALKER <input type="checkbox"/> CANE	<input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> OTHER: _____
WILL A PERSONAL CARE ATTENDANT OR ASSISTANT BE TRAVELING WITH THE PARTICIPANT:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
WILL THE PARTICIPANT REQUIRE DOOR-TO-DOOR ASSISTANCE:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

RELEASE	
<p>I hereby waive the right to make any claims against the City of Seal Beach, its officers, agents, employees, and volunteers from any and all claims, damages, liability, bodily injury, death, expenses, and judgments, including attorney fees, expert witness fees, and court costs in any way arising from my (and personal care attendant) participation from the City of Seal Beach's Senior Transportation Program. This waiver is given in partial consideration for permission granted by the City of Seal Beach to participate in the Program. I further understand that the City does not provide any form of insurance for program participants (and personal care attendants).</p> <p>I have read and understand this release from liability. My signature verifies all information in this application to be true.</p>	
SIGNATURE: _____	DATE: _____

DIRECTIONS
<p>PLEASE ATTACH PROOF OF RESIDENCY AND COPY OF IDENTIFICATION. USER MUST BE A SEAL BEACH RESIDENT, AGES 60 AND OLDER.            SUBMIT APPLICATION VIA EMAIL TO : <a href="mailto:tmarocco@SEALBEACHCA.GOV">tmarocco@SEALBEACHCA.GOV</a>, OR            SUBMIT APPLICATION IN PERSON/MAIL: CITY OF SEAL BEACH – SMP, 211 8<sup>TH</sup> STREET, SEAL BEACH, CA 90740</p>