

Allen R Baca Center for Senior and Community Activities Bus Trip Emergency Form

Name: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

2nd Emergency Contact: _____

Phone Number: _____

Doctor's Name: _____

Phone Number: _____

I am fully capable and willing to participate in all activities planned for a bus trip, whether a day or overnight trip.

I will not need special or attentive assistance unless stated below (specify the reasonable assistance needed): If you need restroom assistance, you **MUST** bring a companion with you, and they must pay the appropriate fees.

To ensure your safety and well-being, any provided recommendations due to health/medical reasons will be evaluated accordingly when appropriate.

I understand and agree to all the information that I have provided and abide by this agreement with the Allen R. Baca Senior and Community Activities Center.

Member Signature: _____ Date: _____

!!!COME RIDE WITH US ON THE FUN BUS!!!!

