**James B. Adams, Sr., Senior Citizens Center**

**DAY TRIP REGISTRATION FORM**

|  |  |
| --- | --- |
| **TRIP INFORMATION** |  |
|  |
| Name |  |
| Address |  |
| City |  | State |  | Zip Code |  |
| Phone Number(s) | ( ) |  | ( ) |
| E-Mail Address |  |
| **EMERGENCY CONTACT INFORMATION** |
| Name |  | Relationship |  |
| Phone Number(s) | ( ) |  | ( ) |
| E-Mail Address |  |
| **Payment Information** |
| Trip Total Price | $ |
| Date | Payment Method (Check#) | Amount Paid | Balance |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| **MEDICAL INFORMATION**Any medical information that may be helpful in the event of an emergency: (i.e. medications, heart problem, diabetes, allergies, food sensitivities): |
|  |
|  |
|  |
|  |
| **RELEASE:** By participating in transportation services from BLEC, I agree to release, indemnify, and hold harmless BLEC, its employees and volunteers from all claims of any kind, character, type, or description arising out of my participation in this service, including, but not limited to, claims attributable to the negligence of the BLEC its employees and volunteers. |
| Signature |  | Date |  |