

## PERSONAL INFORMATION

**Full Name** \_\_\_\_\_

**Family traveling w/you** \_\_\_\_\_

**Date Of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender**  Male  Female

**Date Of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number 1** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Phone Number 2** \_\_\_\_\_ **Best phone day of trip**  Phone # 1  Phone # 2

**Medical conditions to be aware of** \_\_\_\_\_

**Please select all mobility aids that will travel w/ you**

Cane  Walker  Rollator  Wheelchair none motorized  Wheelchair motorized  Crutches

**Dietary restrictions/ allergies** \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

**Contact Name** : \_\_\_\_\_ **Home Number** : \_\_\_\_\_

**Relationship** : \_\_\_\_\_ **Mobile Number** : \_\_\_\_\_

**General Liability:** The undersigned wishes to participate voluntarily in the City of Clemson Parks and Recreation Senior Trip to Clarkesville, GA and Helen, GA on October 19th, 2024. The undersigned also acknowledges that he/she/they assumes all risks involved in connection with its participation in said voluntary senior citizen trip. I/We understand that City of Clemson Parks and Rec is not responsible for lost, stolen or damaged personal articles during the duration of the trip. I hereby release City of Clemson Parks and Recreation any employees associated with this program from full and complete liability or claim of injury or damage sustained by my participation in this trip. I hereby state I am in proper physical condition to participate in this trip.

**Signature Individual 1** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Signature Individual 2** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Please note: \$50 deposit due at registration, \$50 final payment due by September 30th.**

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

**Deposit Paid via:** \_\_\_\_\_ **Balance Paid via :** \_\_\_\_\_

**Deposit Amount:** \_\_\_\_\_ **Balance Amount :** \_\_\_\_\_

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