



TRANSPORTATION REGISTRATION/WAIVER
Community Services 300 Bryson Lane 899-3410

NAME: _____ Mr. ___ Mrs. ___ Ms. ___

Address: _____ Phone: _____

Birth Date: _____

Medical Information:

Doctor: _____

Phone No: _____

Hospital: _____

Emergency Contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Will you require accommodation for a wheelchair? Yes ___ No ___

Will you require an escort for medical/other appointments? Yes ___ No ___

Passengers must provide own escort if needed. The City of Bay Village reserves the right to request passenger have an escort.

By your signature you indicate that you are accepting these services in good faith and release the City of Bay Village and its agents and the Community Services Department and its representatives from liability or for any injury, accident, theft, loss or damage to property which may occur. I have read and/or understand the Bay Village Community Services Department Transportation Procedures.

Signature _____

Date _____