

**CITY OF LAUREL
DEPARTMENT OF PARKS AND RECREATION
DIVISION OF SENIOR RECREATIONAL SERVICES
422 Montgomery Street, Laurel, Maryland 20707
(301) 776-6168**

Transportation Application

Name _____

Address _____
Last First Middle County _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Driver's License. / State ID # _____

Date of Birth _____ Medical Equipment: W/C _____ Walker _____ Oxygen _____

Please attach copy of work ID for travel companion, Service Animal and/ or Emotional Support Animal to upper left corner. Include name here: _____

REQUIRED INFORMATION

EMERGENCY CONTACTS: In case of emergency, who should be notified?	
Name _____	Name _____
Address _____	Address _____
_____	_____
Telephone (H) _____	Telephone (H) _____
(W/Cell) _____	(W/Cell) _____
Relationship _____	Relationship _____

OPTIONAL INFORMATION

DOCTOR	TELEPHONE ()
Disabilities, Medical Conditions:	
Medications:	

In registering myself, any member of my family or someone who provides me assistance for this program, I agree that I and all indicated will comply with all the rules of the program, and agree not to hold the City of Laurel or any of its employees, officials or agents liable in case of injury to me, any registered family member or someone who provides me with assistance, or damage to our property. I understand refunds will only be made if the program is canceled.

DATE

PARTICIPANT SIGNATURE