



**RECREATION DEPARTMENT  
SENIOR SERVICES DIVISION**

**Location Address**

6500 Stockton Avenue  
El Cerrito, CA 94530  
Tel: (510) 559-7677 / Fax: (510) 524-3965

**Mailing Address**

10890 San Pablo Avenue  
El Cerrito, CA 94530

**EASY RIDE TRANSPORTATION SERVICE**

**APPLICATION**

Today's Date: \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I learned about your service from: (PLEASE CHECK)

60 Plus Newsletter

City Brochure

Newspaper \_\_\_\_\_

Flyer / EASY RIDE Brochure

Internet (City of El Cerrito Website <http://www.el-cerrito.org>)

Other: \_\_\_\_\_

**MEDICAL INFORMATION**

Special Needs (wheelchair, walker, etc.) \_\_\_\_\_

Are you allergic to any medicine? \_\_\_\_\_

**EMERGENCY CONTACT (Relative, Neighbor, Friend)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

---

**Hold Harmless Agreement:** I hereby absolve the City of Cerrito, its employees and volunteers from all liability that may arise as the result of my participation in the above mentioned activities, and, if the above named participant is a minor, I hereby give my permission for his/her participation as indicated and in so doing absolve the City of El Cerrito, its employees and volunteers from such liability. I realize that the City of El Cerrito is not responsible for lost or stolen articles.

**Injury:** I understand that participation in the City of El Cerrito programs do so at their own risk and the City does not provide accident insurance.

**Photos:** I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in the City of El Cerrito programs. I permit these photographs, film or tapes to be released: to be used in publications, promotional materials, website and for other public information purposes by the City of El Cerrito.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You must read the above statements and sign this registration form to be registered into a City of El Cerrito Senior Services Division Program.

---

**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_