

# SENIOR RIDE

## TRANSPORTATION 2019-2020

### Program Information and Application



### Serving Seniors in the City of Coral Springs

For more information, please call  
the Senior Ride Transportation Service at  
954-345-2203.

**Hearing impaired persons  
may call TDD: 954-344-1022.**



## What is Senior Ride?

Senior Ride is an on-demand para-transit program offering transportation to shopping facilities for our senior citizens. Priority is afforded those in the greatest economic and social need, with little family or community support.

## What are the buses like?

The Senior Ride service features modern, air-conditioned passenger buses with all safety features. Wheelchair accessibility is available. Drivers are specially licensed and trained employees of the City of Coral Springs.

## Who is eligible?

Any resident of Coral Springs who is 55 years of age or older may apply to join the Senior Ride Bus Transportation Service. Reservations are made on a first come, first serve basis, although those with greater need and no other means of transportation will be given preference when trips are booked to capacity. You must be able to carry your own packages (a limit of 2 per person) on and off the bus.

## What does it cost?

For an annual fee of \$25, registered senior citizens may schedule rides on any of the days transportation is offered in their area. The fee is good from October 1, 2019 to September 30, 2020.

## How do I schedule a ride?

All you do is call 954-344-1837 at least 48 hours before you want to use the service. You will receive a phone call from a transportation employee and you will be told when the bus will arrive at your home. You should be ready and watching for the bus at this time.

## How do I sign up?

Complete the attached application form, and mail it to:

### Senior Ride Transportation

Mullins Park  
10150 N.W. 29<sup>th</sup> Street  
Coral Springs, FL 33065

**Do not include any payment with your application.** Payment is arranged after your Senior Ride application has been accepted. If you prefer, you can drop the form off at the Sartory Senior Center in Mullins Park or a member of the Senior Ride staff can contact you to schedule a time to pick up your yearly fee at your convenience.



## Senior Ride Transportation 2019-2020 Schedule

(Schedule is Subject to Change)

To Schedule transportation please call  
**954-344-1837**  
at least 48 hours in advance.

### TUESDAY

**9 a.m. to 4 p.m.**

Residents East and West of University Drive  
to the grocery store

### THURSDAY

**9 a.m. to 12 p.m.**

St. Andrew Towers residents  
to the grocery store

**12 p.m. to 4 p.m.**

Residents of Country Club, Holiday Village  
and Sample east of University Drive  
to the grocery store

### Special Trips

Call Parks and Recreation  
at 954-345-2203 or the Senior Ride  
Voice Mail at 954-344-1837 for details.

# Senior Ride Application 2019-20

Date: \_\_\_\_\_ CK/CA: \_\_\_\_\_

Release: \_\_\_\_\_ CK#: \_\_\_\_\_

## Complete this form and mail to:

Senior Ride Transportation, 10150 N.W. Ben Geiger Drive, Coral Springs, FL 33065

**Payment will be arranged once your application is accepted.**

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Zip Code: \_\_\_\_\_

Building Name \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

List others who live at your address:

\_\_\_\_\_ Does he/she drive? \_\_\_\_\_

\_\_\_\_\_ Does he/she drive? \_\_\_\_\_

If you are disabled or suffer any physical impairment, list the special equipment you would use or would bring aboard the bus: \_\_\_\_\_

Do you require any special considerations: \_\_\_\_\_

## PERSON TO CONTACT IN CASE OF EMERGENCY:

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

Telephone \_\_\_\_\_

The following questions are optional and your answers will not be used to determine your eligibility in the transportation program. The information will provide data that could help us apply for financial grants in the future. Please circle:

SEX Female Male      MARITAL STATUS Married Divorced Widowed Single

RACE White Afro-American/Black Asian Native American Other

**PLEASE ALSO FILL OUT AND SIGN THE RELEASE FORM ON THE BACK!**





# Senior Ride Bus Service Release Form

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

Senior Ride Members Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_, Coral Springs FL: (zip) \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone#: \_\_\_\_\_

ACTIVITY	DATE	COST
<u>SENIOR RIDE PROGRAM</u>	<u>OCT. 1, 2019 - SEPT. 30, 2020</u>	<u>\$25.00</u>

Allergies, medications, special notes: \_\_\_\_\_

## ACKNOWLEDGEMENT OF REFUND POLICY

I understand the City of Coral Springs has a **NO REFUND POLICY** for fees and charges paid to the Parks and Recreation Department for activities sponsored by them. The only exception to this policy will be when an activity is canceled or the time is altered by the City. No other circumstances or situations will qualify for a refund.

By: \_\_\_\_\_  
(Senior Ride Participant)

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

I asked the signator if he/she understood what was being signed: \_\_\_\_\_  
(Witness)

### RELEASE AND WAIVER

In consideration of the permission granted to \_\_\_\_\_ (Senior Ride Member's name) by the City of Coral Springs, by and through its Parks and Recreation Department to participate in the City of Coral Springs **SENIOR RIDE TRANSPORTATION** program, I, \_\_\_\_\_ (Senior Ride Member's name) hereby agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees", from all claims and courses of action, that, I, \_\_\_\_\_ (Senior Ride Member's name), my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands and actions arising out of my actions or involvement with the City of Coral Springs.

I certify and warrant that, I, \_\_\_\_\_ (Senior Ride Member's name) am in good physical condition and able to participate in the above activity or event.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
(Senior Ride Member/SIGNATURE)

By: \_\_\_\_\_  
(Senior Ride Member/PRINT NAME)

I asked the Signator if he/she understood what is being signed: \_\_\_\_\_ Witness)