

# Berea Senior Wheels

## Personal Care Aide (PCA) Registration Form

398 West Bagley Road, Unit #3, Berea, OH 44017

Personal Care Aid (PCA) for: \_\_\_\_\_

### PCA Information

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

LAST

FIRST

MIDDLE INITIAL

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apartment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Emergency Contact Information – Can be a relative or friend

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Waiver and Release:

In consideration of the city of Berea granting me permission to engage in transportation services, the undersigned does hereby waive, release, save, hold harmless and indemnify the city of Berea, their organizers, officers, employees, agents, and sponsors for any and all claims or damage for personal injury or sickness to me or loss of property which may be caused by any act of failure to act on the part of The City of Berea, their organizers, officers, employees, agents, and sponsors. The undersigned further assumes the risk of any conditions to which they may be exposed during the course of such activities, and waives any and all notice thereof.

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_