OPC SOCIAL & ACTIVITY CENTER
The Best Place To Be 50+

Transportation Rider Registration

650 Letica Drive, Rochester, MI 48307 · (248) 656-1403 · OPCcenter.org

RIDER INFORMATION *(please print)*

First Name: _____ Middle Initial: ____ Last Name: _____

Nickname: _____ Birthdate: ____/____/____ Gender: ❑ Male ❑ Female

Primary Phone: _____ Secondary Phone: _____ Marital Status: ❑ Single ❑ Married

Spouse's Name: _____

Address: _____ City: _____ State: ____ Zip: _____

_____ Email: _____

To help us better serve your transportation needs, please state any medical concerns and/or limitations:

❑ Blind ❑ Deaf ❑ Oxygen ❑ Scooter ❑ Walker ❑ Wheelchair ❑ Other _____

If you are not in a wheelchair or scooter, do you need a bus with a lift? ❑ Yes ❑ No

EMERGENCY CONTACT INFORMATION (Provide up to 2 contacts)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE COMPLETE AND SIGN

Transportation Rider Policy

❑ Yes, I have read the OPC Transportation Rider Policy and will abide by the policy. See back of this page.

Rules for riders to follow:

- OPC is NOT meant to be your only means of transportation.
- Rides are based on a first come, first serve basis with priority given to:
  1. Work Rides 2. Medical appointments 3. Grocery Shopping 4. Senior Rides 5. All Others
- OPC does not allow transportation for medical emergencies. Call 911.
- All pick-up and drop-off points must be handicap accessible. Drivers are not allowed to bring wheelchairs or similar devices down stairs or over door sills.

Release of Claims:

In the event of an emergency, I authorize OPC to secure medical treatment deemed reasonable and necessary for my immediate care. I agree that I am responsible for payment of any medical services rendered to me.

Signature _____ Date: _____

Revised 10/27/23