



Eligibility Requirements for Use of Portland Recreation's 62+ Senior Program Trips and Activities.

Participants must be:

- 62 years of age or older.
- Able to tell time know location / place.
- Continent of both bowel and bladder.
- Able to ambulate (walk) independently and to get in and out of city vehicles with limited assistance.
- Behaviorally appropriate, i.e. not physically or verbally abusive to staff or other recreation participants.
- Able to participate in each activity signed up for with no assistance from staff.
- Able to get themselves out of their residence to meet the van / bus and back inside their residence with no assistance from staff, i.e. staff cannot unlock participant's doors or help them in their houses.
- Able to be ready on time when the van / bus arrives at their residence to pick them up to participate in recreation activities.
- Able to be left unsupervised in public areas such as shopping centers, movies, theaters, fairs, etc. without wandering off or forgetting to meet at designated meeting time.
- Able to clearly understand why we are picking them up and where we are going.

I have read and understand the above eligibility requirements. By signing below, I am stating that I meet all of the above requirements. I understand that the Recreation 62+ Program Staff reserve the right to discuss with myself or family any questions or safety concerns they may have about my use of the program. I understand the City of Portland may revoke my right to use the program if I become unable to participate in the recreation programs or it otherwise becomes unsafe for me to participate.

Participant: _____

Signature: _____

Date: _____

- Please check this box if you do NOT wish to have photos / videos of yourself at our programs, activities, or special events taken. These photos / videos may appear in future promotional materials, including our brochure.

Emergency Contact Information (REQUIRED):

Name: _____

Relationship to Participant: _____

Address: _____

Phone Number (home) _____ (cell) _____

Medical / Health Information (Optional)

Current Doctor: _____ Phone Number: _____

Hospital Preference: Mercy / Maine Med.

Current Allergies: _____