



Village of Walton Hills • Recreation Department  
14660 Alexander Road • Walton Hills, OH 44146 • 440-786-2964

**TRANSPORTATION SERVICES**

**Registration Form for Transportation Services**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Walton Hills, OH 44146

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

Emergency Contact Name: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need us to transport you in a Wheelchair / Wheelchair Vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you currently use a Cane to assist in walking? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you need additional assistance or supervision in walking? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any Allergies and/or any Specific Health Conditions Driver should be aware of?

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In case of Emergency, what current Medications are you taking:

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