

**Drops of Hope, Inc. Limousine Transportation Service Registration for 2009-2010**

**THIS FORM, ALONG WITH THE SIGNED COPY OF THE RULES, AND FULLY EXECUTED WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT MUST BE RETURNED BEFORE PARTICIPANTS WILL BE ALLOWED TO RIDE THE LIMOUSINE.**

1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
3) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Use separate sheet of paper for additional children. Please list all children in family that will be riding the limousine)

Guardian: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

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

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

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

Special Needs: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# TRANSPORTATION CONDUCT EXPECTATIONS

NOTE: CHILDREN OR FAMILY MEMBERS WILL NOT BE ALLOWED TO RIDE THE LIMOUSINE UNTIL THIS FORM, THE ATTACHED TRANSPORTATION REGISTRATION FORM, AND THE FULLY EXECUTED WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT HAVE BEEN RETURNED TO OUR CORPORATE OFFICE: 4851 WEST HILLSBORO BLVD. SUITE A-11, COCONUT CREEK, FL 33073.

## MISSION STATEMENT

**TO TRANSPORT ALL PATIENTS AND THEIR FAMILIES, A VERY PRECIOUS CARGO, IN A SAFE, QUIET, AND ENJOYABLE MANNER TO AND FROM BROWARD GENERAL HOSPITAL AND RELATED ACTIVITIES.**

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Passengers shall be required to conduct themselves in a manner consistent with established standards for appropriate behaviors. Incidents of passenger misconduct or damage to the vehicle or staff will be documented. Passengers who become a serious disciplinary problem in the limousine may have their riding privilege suspended indefinitely by the transportation director.

### BE RESPECTFUL

- Be courteous to the driver and staff in the limousine.
- Refrain from physical contact with others.
- Use appropriate language and no defamatory comments.
- Respect the limousine. Do no litter.

### BE SAFE

- Refrain from bringing any weapons or sharp objects in the limousine.
- Keep your hands to yourself. Please refrain from physical contact with others.
- Remain seated at all times when the limousine is moving.
- Keep all body parts inside the limousine at all times.

### BE RESPONSIBLE

- Be at your pick-up location on time.
- Have all passengers at the same location for pickup.

**I HAVE READ AND AGREE TO HAVE MY CHILD/CHILDREN ABIDE BY THE DROPS OF HOPE, INC. TRANSPORTATION RULES AND REGULATIONS. I UNDERSTAND THAT PASSENGERS NOT ABIDING BY THE REGULATIONS MAY BE DENIED TRANSPORTATION PRIVILIGES.**

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**I HAVE READ AND AGREE TO ABIDE BY THE DROPS OF HOPE, INC. TRANSPORTATION RULES AND REGULATIONS. I UNDERSTAND THAT PASSENGERS NOT ABIDING BY THE REGULATIONS MAY BE DENIED TRANSPORTATION PRIVILIGES.**

**CHILDREN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHILDREN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHILDREN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHILDREN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_