



Time Of Your Life Vacations LLC

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timeofyourlifevacations.org

2025

TRAVELER INFORMATION FORM



Each Traveler is required to have an up-to-date Time Of Your Life Vacations Traveler Information Form completed before they can travel.

Please complete and return this form three (3) weeks before your scheduled vacation / trip. Failure to provide the requested information may result in your removal from that trip/event!

Please Note: The Traveler Information Form will be kept on file at the Time Of Your Life Vacations office and only needs up-dated every calendar year as long as there are NO changes in the traveler's needs/information (Medications, behaviors concerns, mobility issues, emergency contacts, address, special equipment or medical needs, etc.) Travelers and their guardian, family member, agency or group home staff are responsible to notify Time Of Your Life Vacations of any changes that the traveler now requires or needs updated. Travelers and their guardian, family members, agency or group home staff are responsible to update and complete a new Traveler Information Form.

Traveler Information Forms help us become as familiar as possible with our Travelers. All information provided to Time Of Your Life Vacations must be complete and accurate. Failure to provide accurate or incomplete information may result in immediate dismissal from any upcoming vacation without a refund. In the event that the Traveler's information form is incomplete, inaccurate, or does not list documented health information, documented behavioral issues and result in safety concerns for the traveler, Time Of Your Life Vacations staff members, travel coordinators, volunteer chaperons and other Travelers on the trip, and the Traveler needs to be dismissed /sent home early from a trip, it will be at the traveler's expense and without a refund! Time Of Your Life Vacations will help arrange transportation home for the traveler. Travelers will be returned home at their expense and without a refund. If Time Of Your Life Vacations cannot provide a staff or volunteer chaperon to assist the traveler home, it is the responsibility of the family member, agency or group home to arrange their own staff to pick up their traveler from the vacation.

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TRAVELER INFORMATION:

2025

TODAY'S DATE: _____

TRAVELER'S NAME: _____

NICKNAME (WHAT DOES THE TRAVELER LIKE TO BE CALLED?) _____

LEGAL NAME (AS IT APPEARS ON ID):

LAST NAME: _____

FIRST NAME _____

MIDDLE NAME: _____

BIRTH DATE: _____ MALE: ☐ FEMALE: ☐

TRAVELER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

APPOINTED GUARDIAN OR PERSON ASSISTING WITH THIS FORM:

NAME: _____

TITLE / RELATIONSHIP TO TRAVELER: _____

EMAIL ADDRESS(S) WHERE ALL CORRESPONDENCE SHOULD BE EMAILED TO:

Note: Time Of Your Life Vacations LLC does not MAIL any invoices, confirmations or itineraries! All correspondence (invoices, confirmations, itineraries, trip information, flyers, etc.) from Time Of Your Life Vacations LLC are EMAILED to all travelers or their guardian, family member, agency or group home staff. **You MUST list below at least one email address.**

TRAVELER'S EMAIL ADDRESS: _____

EMAIL ADDRESS (#2): _____

EMAIL ADDRESS (#3): _____

EMAIL ADDRESS (#4): _____



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TRAVELER INFORMATION:

AGENCY INFORMATION (IF APPLICABLE):

AGENCY NAME (WHERE DO YOU RESIDE?): _____

AGENCY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL ADDRESS: _____



EMERGENCY / AFTER-HOURS CONTACT(S):

Person(s) to notify in an emergency: (These contacts / numbers MUST be available after normal business hours! Examples of acceptable Emergency Contacts are cell phone numbers, on call staff numbers and family members.) **Must list at least three (3) numbers!**

➤ NAME: _____

TITLE / RELATIONSHIP TO TRAVELER: _____

PHONE: _____ CELL PHONE: _____

➤ NAME: _____

TITLE / RELATIONSHIP TO TRAVELER: _____

PHONE: _____ CELL PHONE: _____

➤ NAME: _____

TITLE / RELATIONSHIP TO TRAVELER: _____

PHONE: _____ CELL PHONE: _____



TRAVELER INFORMATION:

DOES THE TRAVELER HAVE:

WALKING PROBLEMS:

- Walks on All Surfaces: YES: _____ NO: _____
- Has Difficulty on Stairs: YES: _____ NO: _____
- Uses a Walker or Cane YES: _____ NO: _____
- Uses a Wheelchair: YES: _____ NO: _____
- Stands To Transfer In/Out of Wheelchair: YES: _____ NO: _____

If "No", specify assistance needed: _____

HEART PROBLEMS:



- High Blood Pressure: YES: _____ NO: _____
- Has a Pacemaker: YES: _____ NO: _____
- On Coumadin? YES: _____ NO: _____
- Has had a Heart Attack: YES: _____ NO: _____

If "Yes", Provide Date: _____

- Has had a Stroke: YES: _____ NO: _____

If "Yes", Provide Date: _____



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TRAVELER INFORMATION:

DOES THE TRAVELER HAVE:



RESPIRATORY PROBLEMS:

- Has Asthma: YES: _____ NO: _____
- Has COPD: YES: _____ NO: _____
- On Oxygen: YES: _____ NO: _____
- Current Smoker: YES: _____ NO: _____
- Former Smoker: YES: _____ NO: _____
- Uses C-PAP: YES: _____ NO: _____
- Uses Nebulizer: YES: _____ NO: _____
- Uses Other: _____

SEIZURE ACTIVITY:

- Has History of Seizures: YES: _____ NO: _____
Description of the seizures: _____

- How long do they typically last? _____
- Date of Last Seizure: _____ Length of Last seizure: _____
- Has VNS: (*Vagus Nerve Stimulation*) YES: _____ NO: _____
- Special Instructions: _____
- **Who to notify if the Traveler has a seizure, while traveling:**
NAME: _____
TITLE / RELATIONSHIP TO TRAVELER: _____
PHONE: _____ CELL PHONE: _____



TRAVELER INFORMATION:



DOES THE TRAVELER HAVE:

SPECIAL DIETARY NEEDS:

- Sugar Free: YES: _____ NO: _____
- Can Have Sugar But Limited: YES: _____ NO: _____
- Vegetarian Diet: YES: _____ NO: _____
- Low Sodium: YES: _____ NO: _____
- Low Cholesterol / Low Fat: YES: _____ NO: _____
- Lactose Free: YES: _____ NO: _____
- Gluten Free: YES: _____ NO: _____
- Textured Food: YES: _____ NO: _____
If "Yes", specify: _____
- Thickened Liquids: YES: _____ NO: _____
If "Yes", specify: _____
- Other: _____
- Special Diet: _____

DIABETES: YES: _____ NO: _____
If "Yes", Requires:

Type One Diabetes? YES: _____ NO: _____

Type Two Diabetes? YES: _____ NO: _____

Insulin Injection? YES: _____ NO: _____

Oral Medication? YES: _____ NO: _____

Special Instructions: _____

Special Diet: _____



TRAVELER INFORMATION:

DOES THE TRAVELER HAVE:



VISION / SPEECH / HEARING PROBLEMS:

Verbal? YES: _____ NO: _____

Non -Verbal? YES: _____ NO: _____

How does the person communicate? _____

- Hearing Impaired / Loss: YES: _____ NO: _____
- Uses Sign Language: YES: _____ NO: _____
- Hearing Aid(s): YES: _____ NO: _____
- Visually Impaired YES: _____ NO: _____
- Wears Eyeglasses: YES: _____ NO: _____
- Wears Contact Lenses: YES: _____ NO: _____
- Has Dentures: YES: _____ NO: _____

COMMUNICABLE DISEASE:

- Hepatitis YES: _____ NO: _____
- MRSA YES: _____ NO: _____
- Tuberculosis: YES: _____ NO: _____
- Other: _____

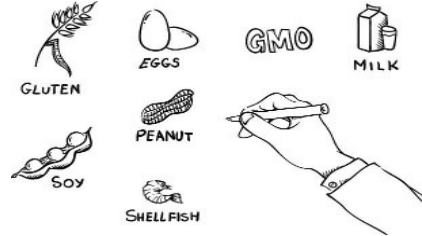


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TRAVELER INFORMATION:

DOES THE TRAVELER HAVE:



ALLERGIES:

• Seasonal: YES: _____ NO: _____
Describe: _____

• To Medications: YES: _____ NO: _____
Describe: _____

• Latex Allergies: YES: _____ NO: _____

• Food Allergies: YES: _____ NO: _____
Describe: _____

• Do you have an Epi-Pen? YES: _____ NO: _____

If "Yes", include Special Instructions:

Epi-Pen Special Instructions:



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TRAVELER INFORMATION:

BEHAVIORAL CHALLENGES:

• Wanders: YES: _____ NO: _____
Describe: _____

• Taking Things/Shoplifting: YES: _____ NO: _____
Describe: _____

• Sexual: YES: _____ NO: _____
Describe: _____

• Aggressive: YES: _____ NO: _____
Describe: _____

Other: _____

Suggested Means of Addressing Behavioral Challenges:



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TRAVELER INFORMATION:



MEDICATION POLICY:

Time Of Your Life Vacations is committed to providing a safe environment for all our travelers and have the following medication policy in place: All travelers **MUST** follow this policy:

- Our staff members and travel coordinators will assist travelers requiring help with their medication administration. **All traveler's medication(s) MUST be pre-poured!** Failure to pre-pour medications prior to a Time Of Your Life Vacations vacation/ trip will result in a traveler(s) being turned away from the vacation /trip at the time of check-in and not be eligible for a refund.
- Travelers bringing Oxygen on trips must contact our office prior to the tour to confirm arrangements. Travelers requiring insulin injections or need medications refrigerated must contact our office prior to registration to confirm arrangements.
- Medication in pill bottles, boxes or blister packs will NOT be accepted
- An extra day's supply of medications must be sent in case of emergency or trip delay for any **overnight** vacation/trip. All medications must be given to the Time Of Your Life Vacations staff member / travel coordinator upon arrival at your pick-up point. Medications cannot not be packed in a Traveler's suitcase.
- Liquids, drops, creams, and inhalants must be sent in their original container with clear instructions. A master list of special instructions regarding medications (i.e. blood glucose tests, blood pressure meters, meds that need to be refrigerated, etc.) need to be given to the Time Of Your Life Vacations staff member / travel coordinator upon arrival at your pick-up point. Medications cannot not be packed in a Traveler's suitcase.

WHAT DOES "PRE-POURED MEDICATIONS" MEAN?

Pre-poured medication means that travelers(s) medications are placed into an envelope or other singular package by individual doses. Each envelope or singular package should be labeled with the traveler's full name, medication name(s), medication dosage and day & time to be taken. For information on pre-poured medication packets, please visit your pharmacist, or a website such as PillPack.com. Should you have any questions, please contact The Time Of Your Life Vacations office.

I have read the medication policy outlined above and understand and agree to its provisions:

Signature of:

Traveler: _____

Date _____

Witness Signature _____

Date _____



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TRAVELER INFORMATION:



MEDICATIONS / SPECIAL MEDICAL NEEDS:

The Traveler Information Form will be kept on file at the Time Of Your Life Vacations office and only needs up-dated every calendar year as long as there are NO changes in the traveler's needs/information (Medications, behavior concerns, mobility issues, emergency contacts, address, special equipment or medical needs, etc.) Travelers and their guardian, family member, agency or group home staff are responsible to notify Time Of Your Life Vacations of any changes that the traveler now requires or needs updated. Travelers and their guardian, family member, agency or group home staff are responsible to up-date and complete a new Traveler Information Form.

- **The Traveler is independent with their Medications:** **YES:** ____ **NO:** ____
- **The Traveler needs assistance with their medications:** **YES:** ____ **NO:** ____

Person to call if we have questions about medications:

These contacts / numbers MUST be available after normal business hours!

Examples of acceptable Contacts are cell phone numbers, on call staff numbers and family members.)

***Name:** _____ **Cell Phone:** _____

Email: _____

***Name:** _____ **Cell Phone:** _____

Email: _____

Please List all Medications and Time of Dosage on the next page (Page 11):

(Please attach home visit sheets, MARS or notes listing time of dosage!)

List all medication even if not used on every vacation / trip.

Special Instructions

Include information on any special equipment or medical needs the traveler may have during a vacation / trip ("On Oxygen, Has Colostomy Bag, Take pills with applesauce, etc.):

.....



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TRAVELER INFORMATION:



MEDICATIONS CONTINUED: Please List all Medications and Time of Dosage.
(Please attach home visit sheets, MARS or notes listing time of dosage!) List all medication even if not used on every vacation / trip. **Special Instructions:** Include information on any special equipment or medical needs the traveler may have during a vacation / trip ("On Oxygen, Has Colostomy Bag, Take pills with applesauce, etc.):

Name of Medication: _____

Dosage: _____ **Time(s):** _____

Special Instructions: _____

.....

Name of Medication: _____

Dosage: _____ **Time(s):** _____

Special Instructions: _____

.....

Name of Medication: _____

Dosage: _____ **Time(s):** _____

Special Instructions: _____

.....

Name of Medication: _____

Dosage: _____ **Time(s):** _____

Special Instructions: _____



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TRAVELER INFORMATION:



PERMISSION TO USE VACATIONS /TRIP PHOTOGRAPHS:

Time Of Your Life Vacations LLC reserves the right to take and use vacation /trip photographs of a traveler for promotional purposes. Receipt of the Traveler Information Form /registration implies understanding and agreement to these terms.

I have read and understand that Time Of Your Life Vacations LLC reserves the right to take and use vacation /trip photographs of a traveler for promotional purposes.:

Signature of

Traveler: _____

Date _____

Witness Signature _____

Date _____

Please pick one -->

___ NO NAMES: When you take my photograph for promotional purposes, please do not use my name!

___ USE OF FIRST NAMES: When you take my photograph for promotional purposes, you can use my first name!

___ USE OF FIRST AND LAST NAMES: When you take my photograph for promotional purposes, you can use my first & last name!



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TRAVELER INFORMATION:



TRAVELER IDENTIFICATION REQUIREMENTS & POLICY:

All Travelers **MUST** have a **VALID** state-issued photo ID (check expiration date) for every vacation/ trip and present it to the Time Of Your Life Vacations staff member or Traveler Coordinator during check-in. Failure to do so will result in the traveler being sent home, without a refund. Additional identification will be **REQUIRED** for vacations /trips that include air, rail, cruise or international travel. Specific I.D. requirements will be indicated on the vacation's description.

Note:

- Any travel outside the United States and cruises, even Canada and Mexico, will require a passport – **NO EXCEPTIONS!!** On tours leaving the country and, on a cruise, all staff, volunteer chaperones and travelers **MUST** have a valid passport. **NO PASSPORT CARDS will be accepted!!** (Refunds will not be issued if the traveler is refused boarding due to lack of proper identification.)
- Flying with a REAL ID: Beginning **May 7, 2025**, every air traveler 18 years of age and older will need a REAL ID-compliant driver's license, state-issued enhanced driver's license, U.S. Passport, U.S. military ID or another acceptable form of ID to fly within the United States.

I have read the identification policy outlined above and understand and agree to its provisions.

Signature of:

Traveler: _____

Date _____

Witness Signature _____

Date _____



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TRAVELER INFORMATION:

REFUNDS AND CANCELLATIONS POLICY:

In order to control costs and accommodate travelers the following Cancellation and Refund Policies will be strictly enforced by Time Of Your Life Vacations LLC. **ALL** cancellations must be **in writing**, in accordance with the refund conditions and certified mailed/mailed to Time Of Your Life Vacations LLC. Cancellations made on confirmation forms, text/Facebook messages or answering machines are **NOT** acceptable. A follow-up phone call by the Traveler, Traveler' guardians, caregivers, agency staff and family members submitting the cancellation is required to confirm the receipt of the written notice of cancellation.

Note:

- Changes or cancellations made more than twenty-one (21) days prior to the vacations' departure date will receive a refund less any pre-purchased portion of the vacation package (show, museum/attraction tickets, transportation, pre-paid meals, etc.)
- Changes and cancellations within twenty-one (21) days of departure are non-refundable. No shows, late arrivals to a departure site, and refused boarding of a flight, international flight or cruise due to lack of proper identification are non-refundable.
- Some vacations may have more restrictive cancellation policies and penalties. This will be indicated on the vacation's description. Travelers who are "no shows" on the day of departure receive NO refund. Travelers who are "late" on the day of departure are considered no shows.
- Written cancellation must be received before refunds will be made. Refunds are returned by checks. Please allow up to two three weeks for all refunds.
- All too often, travelers who reside within an agency or group home miss vacations/trips for which they have been registered for due to staff errors at their homes. Please be advised that Time Of Your Life Vacations LLC unfortunately will not give refunds under such circumstances.

REFUNDS: One Day Vacations /Trips: No-shows or cancellations less than twenty-one (21) days before the departure are non-refundable. **Multi Day Vacations/Trips:** No-shows or cancellations less than fifty-six (56) days before departure are non-refundable. **Flight, cruise and international Vacations/Trips:** No-shows or cancellations less than one hundred (100) days before departure are non-refundable.

I have read the cancellation and refund policy outlined above and understand and agree to its provisions.

Signature of:

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____



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TRAVELER INFORMATION:

TRAVELER'S GENERAL INFORMATION:

- My T-Shirt Size: _____
- I have my own One-On-One Staff with me when I travel: **YES:** _____ **NO:** _____
- I like Going in Swimming Pools: **YES:** _____ **NO:** _____
I Can swim on my own: **YES:** _____ **NO:** _____
I Need assistance in the pool: **YES:** _____ **NO:** _____
- I like Amusement Parks **YES:** _____ **NO:** _____
Fast Rides: **YES:** _____ **NO:** _____
Slow Rides: **YES:** _____ **NO:** _____
- I like dancing: **YES:** _____ **NO:** _____ **SOMETIMES:** _____
- I use Tobacco products: **YES:** _____ **NO:** _____
If "Yes", Requires: Please Check Off Which Applies:
I use Chewing Tobacco: _____ I use Cigarettes: _____ I use Vaping Products _____
I'm responsible for holding/using my own Tobacco products while traveling? **YES:** __ **NO:** __
I need help holding my Tobacco products while traveling **YES:** __ **NO:** __
Special Instructions: _____

Please list anything that you would like us to know about the traveler to help Time Of Your Life Vacations to provide the best vacations possible for him/her:

Time Of Your Life Vacations LLC

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TRAVELER INFORMATION:

ILLNESS / INJURY: Time Of Your Life Vacations LLC cannot assume responsibility for any medical expenses that may occur if the traveler requires /receives medical care. If a traveler becomes ill or injured and cannot continue to travel with the group, and requires transportation home, the traveler will be responsible for such transportation costs.

RESPONSIBILITY: Our staff members, Travel Coordinators and Volunteer Chaperones are prepared to lead a safe and fun vacation / trip. Travelers attending a vacation/trip do so at their own risk, and release Time Of Your Life Vacations LLC staff members, Travel Coordinators and Volunteer Chaperones from liability for any harm to person or property that may occur. Travelers are advised to have and carry their own medical insurance. Travelers who are removed from a trip for medical, behavioral, or psychological reasons are responsible for the cost of their return. Any incidental expenditure incurred by a traveler while on a vacation/ trip is the responsibility of the traveler and must be reimbursed to Time Of Your Life Vacations within 10 days of invoice receipt.

Time Of Your Life Vacations LLC acts only as an agent in arranging transportation, accommodations, or any optional sightseeing tours, cruises, etc. and as such are not responsible for any damages, loss, delay, injury, or accident due to weather, or any act of default of any company or person engaged in providing service included in our vacations/trips. Time Of Your Life Vacations LLC cannot assume responsibility for any medical expenses that may occur if the traveler requires or receives medical care.

Time Of Your Life Vacations LLC reserve the right to cancel any tour or make changes in any itinerary as we deem necessary. Time Of Your Life Vacations LLC reserves the right to cancel any session (vacation /trip) due to insufficient registration. In the event of cancellation, Travelers will be offered first choice of available vacations/trips, or their fees will be refunded in full. Time Of Your Life Vacations LLC is not responsible to any traveler/person for expense, loss of time or money or other circumstance resulting from a change in itinerary or change of vacation/trip arrangements. Any traveler/person may be dismissed from any vacation/trip at any time by the Time Of Your Life Vacations LLC staff / Travel Coordinator in charge should his or her conduct not be in harmony with the rest of the travelers; no further obligation will be assumed by Time Of Your Life Vacations LLC or anyone in their employ. Rates are subject to change due to increases in hotel, airline, or escalated fuel or operation charges. Written policies may change.

I have read Time Of Your Life Vacations LLC Illness/Injury Policies and their Responsibility outlined above and understand and agree to its provisions. Signature of:

Traveler: _____ **Date** _____

Witness Signature _____ **Date** _____



Time Of Your Life Vacations LLC

TRAVELER INFORMATION FORM CHECK LIST:

Please provide copies for the following listed below and return this form three (3) weeks before your scheduled vacation / trip.

Failure to provide the requested information may result in your removal from that trip/event

☐

Complete, sign and return the Travelers Information Form three (3) weeks before your scheduled vacation / trip.

☐

Submit a copy of your Medical Card to Time Of Your Life Vacations prior to vacation/trip.

☐

Submit a copy of your Valid State-issued I.D. and/or Valid Passport. (Passports required for out-of-country vacations/trips)

PLEASE SEND TO:

Time Of Your Life Vacations LLC

**PO BOX 10605
Pittsburgh, PA 15235**

**registrations@timeofyourlifevacations.org
timeofyourlifevacations.org**