



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

MEMBER APPLICATION: PLEASE COMPLETE TO ENTIRETY

Which Program(s) are you signing up for? Please select all that apply;

- Fishkill Senior Center
 Senior Exercise Class
 Tai Chi/QuGong
 Walking Club
 Yoga
 Zumba Fitness, Toning, Piloxing
 Zumba Gold
 Other: _____

First Name:	Last Name:
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Address Line:	Apt/Unit #?
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City:	State:	Zip:
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Country:	DOB:	Gender:
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Email Address: _____

Primary Phone:	Ext:	Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
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Would you like to receive Text Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone Carrier:	Cell #: (if differ from above)
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Emergency Contact Name:	Emergency Phone #:
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Please list any allergies that you may have? _____

Please list any other medical conditions that we should know about you? *(ie. asthma, etc)* _____

Please list all medications that you are currently taking *(Attach a separate list if it is easier)* _____

Are you a Fishkill Resident: Yes No

Please complete the attached waivers on the back

FOR OFFICE USE ONLY:

FOR ALL PROGRAMS:

- Recreation Generic Waiver: _____
 Ability to Participate Consent: _____
 Photo/Media Consent(optional): _____
 COVID Liability Waiver: _____
 COVID Consent Waiver: _____

FOR SENIOR EXERCISE CLASS (SIPP):

- Senior Exercise Program Application: _____
 Doctor Consent Form: _____

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RECREATION GENERIC WAIVER

(Mandatory)

I recognize and acknowledge that there are certain risks of physical injury and other loss in participating in sports, recreation, Senior activities, and enrichment activities or programs. I agree to assume the full risks of any injuries, damages, death, or loss that may be sustained by myself and/or my child as a result of such participation. I further understand that the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, volunteers, and representatives of the Town of Fishkill from any and all claims. In addition, I hereby grant permission for my child to be transported and treated in the event of medical emergency if I cannot be reached. All participants are advised to have adequate personal coverage. Please consider participant's own health, ability, experience, and tolerance for risk before participating in any program.

Sign here  X

Date: _____

ABILITY TO PARTICIPATE CONSENT:

(Mandatory)

I am in good physical and medical health and have no reason to believe that I am unable to participate in the respective program/activity. I know what my own ability and limitations are and will limit, modify, or stop in accordance with my ability and limitations.

Sign here  X

Date: _____


PHOTO/MEDIA RELEASE CONSENT

(Optional)

I acknowledge and consent that any photographs and/or video containing the aforementioned members may be used for promotional use by the Town of Fishkill Recreation Department.

Sign here  X

Date: _____

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