FISHKILL RECREATION
793 Route 52, Fishkill, NY 12524 – tel. 845.831.3371 – fax 845.831.3169 – www.fishkillrecreation.com

SENIOR CENTER MEMBER APPLICATION 2026:

PLEASE COMPLETE TO ENTIRETY

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

MONDAYS:	TUESDAYS/THURSDAYS:	WEDNESDAYS:	FRIDAYS:	OTHER:
☐Card Bingo ☐Zumba Gold	☐ Social Hr, Mahjong, Pinochle, & other games *(Tue&Th)* ☐Fitness Club *(Tue&Th)* ☐Yoga *(Tue)* ☐Chair Yoga *(Tue)*	☐Beginner Tai Chi ☐Intermediate Tai Chi	☐ Bingo	☐Trips & Luncheons ☐ Walking Club *(Spring&Fall)* ☐Other:

First Name:	Last Name:	I am a: ☐Current Member ☐ New Member
Address Line:		Apt/Unit #?
City:	State:	Zip:
Country:	DOB:	Gender:
Email Address:		
Primary Phone:	Ext:	Type: ☐Home ☐Work ☐Cell
Would you like to receive Text Notifications: ☐Yes ☐No	Cell Phone Carrier:	Cell #: (if differ from above)
Emergency Contact Name:	Emergency Phone #:	
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 ***(Please provide proof w/ application)*** ☐No		

Please complete the attached waivers on the back

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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: _____

CODE OF CONDUCT AGREEMENT:

(Mandatory)

I have read and agree to the terms of the Senior Center Code of Conduct.

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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