



## 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: \_\_\_\_\_

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     No

## Please complete the attached waivers

### 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: \_\_\_\_\_



# FISHKILL RECREATION

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

## 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: \_\_\_\_\_






## COVID-19 LIABILITY RELEASE WAIVER *(Mandatory)*

Due to the COVID-19 pandemic, The Town of Fishkill has been working with local agencies, including our local health department to develop an action plan regarding cleaning, screening, social distancing, hygiene, etc. in response to the COVID-19. Though the Town of Fishkill and its agents will work hard to implement and abide by the developed safety plan, neither the safety plan or the Centers for Disease Control and Prevention (CDC) would allow the Town of Fishkill to guarantee an environment entirely free of COVID-19 related risks.

I acknowledge and understand that attendance and participation in Fishkill Recreation programs and/or programs at the Fishkill Recreation Center may pose some unavoidable risks to myself, my child, and my family due to the COVID-19. I further understand that physical interaction with staff, coaches, volunteers, participants, and spectators will occur. As such, despite reasonable mitigation efforts on behalf of the Town of Fishkill, physical interaction may pose some unavoidable risks to me, my child, and my family due to the COVID-19 pandemic.

I agree to assume the full risks of illness that I, my child, or my family may sustain as a result of such participation or attendance. I further understand the Town of Fishkill does not provide 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.

<b>Print Name:</b>	
<b>Signature:</b> 	<b>Date:</b>






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## COVID-19 CONSENT AGREEMENT: (Mandatory)

I have read, understand, consent, and agree to the terms of the “Fishkill Recreation COVID-19 Safety Plan” and the “COVID-19 Protocols” specific to the program(s) for which I am registering/participating in for myself or on behalf of my child, and/or my family.

<b>Print Name:</b>	
<b>I am signing up for (<i>please select all that apply</i>)</b>	
<input type="checkbox"/> Fishkill Senior Center <input type="checkbox"/> Senior Exercise Class <input type="checkbox"/> Tai Chi/QuGong <input type="checkbox"/> Walking Club <input type="checkbox"/> Yoga <input type="checkbox"/> Zumba Fitness, Toning, Piloxing <input type="checkbox"/> Zumba Gold <input type="checkbox"/> Other: _____	
<b>Signature:</b> 	<b>Date:</b>