



# FISHKILL RECREATION

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

## SENIOR CENTER MEMBER APPLICATION: PLEASE COMPLETE TO ENTIRETY

First Name:		Last Name:	
Address Line:			Apt/Unit #?
City:		State:	Zip:
Country:		DOB:	Gender:
Email Address:			
Primary Phone:		Ext:	Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Would you like to receive Text Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>MANDATORY WAIVERS</b>	<p><i>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, experience, and tolerance for risk before participating in any program.</i></p>		
	X	<div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>	
<b>OPTIONAL WAIVER</b>	<p><i>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.</i></p>		
	X	<div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>	