FISHKILL RECREATION

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

SENIOR CENTER REGISTRATION
2016

Please complete all applicable sections

For Office Use Only:

Pin #: _____

First Name	***Last Name***	***DOB***
Address		***Sex:***
City, State:	***Zip:***	***Resident (Y/N)***
Home Phone:	***Cell Phone:***	***Work Phone:***

RECREATION WAIVERS: ***Please read all and sign appropriately.***

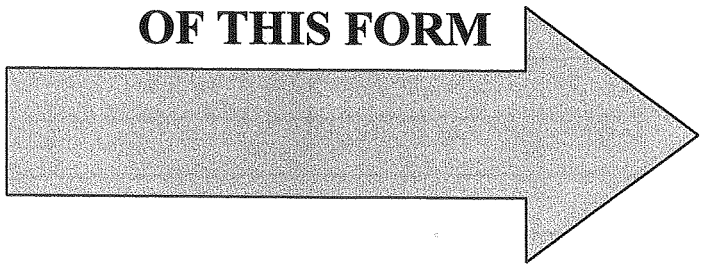
As a member of the Town of Fishkill Senior Citizen Center, utilizing the Fishkill Recreation Center and any activities offered by or through the Recreation Department, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that may be sustained as a result of such participation. I further understand 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.

Signature: Date:

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

Signature: Date:

PLEASE DO NOT FORGET TO FILL OUT THE OPPOSITE SIDE OF THIS FORM



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EMERGENCY CONTACT INFORMATION:

First Emergency Contact Person			
	First & Last Name:		**Relationship:**
	Street Address:		
	City:	**State:**	**Zip:**
	Home Phone:	**Cell Phone:**	**Work Phone:**

Second Emergency Contact Person			
	First & Last Name:		**Relationship:**
	Street Address:		
	City:	**State:**	**Zip:**
	Home Phone:	**Cell Phone:**	**Work Phone:**

MEDICAL CONTACT: (Attach a separate page if needed)

Doctor's Name:	**Doctor's Business Name:**
Office Phone:	
Address:	**City, State Zip:**

MEDICATIONS & ALLERGIES: (Attach a separate page if needed)

Prescription Medications:	**Dosage:**

Allergies:	**Allergy Remedy?:**