



# FISHKILL RECREATION

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

## TRIP & ACTIVITY REGISTRATION FORM - Please complete all applicable sections

TRIP DETAILS:					
Trip/Activity Name:			Travel (if applicable) Companion:		
PARTICIPANT INFORMATION:					
Participant's First Name:		Participant's Last Name:		DOB:	
Address:				Sex:	
City, State:			Zip:	Resident (Y/N)	
Phone #:		Cell Phone #:			
Email Address:					
EMERGENCY CONTACT INFORMATION:					
First & Last Name:			Relationship:		
Home Phone:		Cell Phone:		Work Phone:	
MEDICAL CONTACT:					
Doctor's Name:		Office Phone:			
Address:		City, State Zip:			
MEDICATIONS <i>(attach separate sheet if needed):</i>					
Prescription Medications:			Dosage:		
ALLERGIES:					
Please list all allergies:					
WAIVERS					INITIALS
As a participant for the above mentioned trip or activity, 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 because 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, and representatives of the Town of Fishkill from any and all claims.					X
I hereby grant Fishkill Recreation staff or officials permission to transport me via ambulance or other emergency medical personnel in the event of a medical emergency if I become unresponsive.					X
I have read and accept the terms and conditions of the Refund Policy.					X
I acknowledge and consent that any photographs and/or video containing the aforementioned participant may be used for promotional use by the Town of Fishkill Recreation Department.					X
Participant Signature: X				Date:	

**Please Complete Reverse Side**      →→→→→→→→→→→→

For Office Use Only:					
DATE	AMOUNT DUE	AMOUNT PAID	FORM OF PAYMENT	RECEIPT #	BALANCE DUE
			<input type="checkbox"/> Credit <input type="checkbox"/> Cash <input type="checkbox"/> Check #		

