

Town of Beekman Recreation & Parks

4 Main Street
 Poughquag, NY 12570-9601
 845-227-5783 845-227-9685F

recdirector@townofbeekmanny.us www.beekmanrec.com



**Senior Programs 2017 Membership
 Registration & Emergency Information**

_____/_____/_____
 Last Name First Name Date of Birth

 Street Address Town State Zip

 Home Phone Cell Phone email address

 Emergency Contact Name Emergency Daytime Phone Emergency Cell Phone

 Relationship Hospital Preference (Circle one)

 Doctor Name Doctor Phone **Vassar St. Francis (now called
 Mid-Hudson Hospital)**

List medical conditions that would be vital for EMT's to know in case of Emergency:

Diabetic: Yes No

List Medications	List Allergies
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Check off all programs you would like to register for:

- Senior Center Parties Trips Jazzercise Line Dancing

I give my permission for the person named above to participate in programs sponsored by the Town of Beekman. I hereby, for myself or my heirs, executors and administrators, waive and release any and all full right and claims for damages that I may have against the Town of Beekman, their employees and representatives for any and all injuries suffered by the undersigned during these programs. I give my permission for the program officials to call my doctor of designated emergency contact person. I agree that any letters, projects, photos and videos made during the event are the property of the Town of Beekman and as such can be used for display purposes and promotional materials.

 Senior Signature

 Date