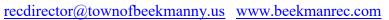


Town of Beekman Recreation & Parks

29 Recreation Center Road Hopewell Junction, NY 12533 845-227-5783 845-227-9685F





Senior Programs Membership 2026 Registration & Emergency Information

Last Name	First Name	Age	Date of Birth	
Street Address	Town	State	e Zip	
Home Phone Ce	ell Phone ema	ail address		
Emergency Contact Name	Emergency Daytime Pho	ne Emergency Cel	I Phone	
Relationship				
Doctor Name	 Doctor Phone	_		
List medical conditions that	would be vital for EMT's to	know in case of En	nergency:	
		Diabetic:	Yes No	
List Medications		List Allergies	List Allergies	
Check off all programs you would li ☐ Senior Center ☐		l Yoga □ Silver Snea	akers	
I give my permission for the person I hereby, for myself or my heirs, ex for damages that I may have again injuries suffered by the undersigner my doctor, emergency services, or form with them. I agree that any lethe Town of Beekman and as such	ecutors and administrators, waive a st the Town of Beekman, their emp d during these programs. I give my the designated emergency contac tters, projects, photos and videos i	and release any and all foloyees and representation of the progest permission for the progest person and share the instance during the event are	ull right and clair wes for any and a ram officials to c nformation on this re the property of	
Senior Signature		ate		