



**Town of Beekman Recreation & Parks**

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

[recdirector@townofbeekmanny.us](mailto:recdirector@townofbeekmanny.us) [www.beekmanrec.com](http://www.beekmanrec.com)



**Senior Programs 2020 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)

**Vassar Mid-Hudson**

\_\_\_\_\_  
Doctor Name Doctor Phone

**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     Yoga

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, emergency services, or the designated emergency contact person and share the information on this form with them. 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