

NORTH SALEM SENIOR CITIZENS ENROLLMENT FORM

(Please Print)

Today's date:		Recommended by:			
NAME 1:					
Last name:		First:		MI:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Nickname:			Birth date:		
NAME 2:					
Last name:		First:		MI:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Nickname:			Birth date:		
CONTACT INFORMATION:					
Street Address:		P.O. Box:	City:	State:	ZIP Code:
Home Phone:		Cell Phone:		Email:	
EMERGENCY CONTACT INFORMATION:					
Name:	Relationship to above individuals:		Home Phone:	Cell Phone:	

I hereby release the Town of North Salem, it's officials, employees and volunteers of any liability whatsoever in connection with any damages and or injuries that I or any of my family may sustain as a result of participation in the programs, meetings, trips, or events sponsored by the North Salem Recreation Department. All participate at their own risk. The Town of North Salem does not carry insurance to cover hospitalization or medical costs of persons injured while participating in any Recreational Programs.

Signature:		Signature:	
Printed Name:		Printed Name:	
Date:		Date:	

Please complete and return with your check for dues (\$10.00)

Return to: North Salem Senior Citizens
 PO Box 219
 North Salem, NY 10560