GARTH ROAD CENTER
235 GARTH ROAD
SCARSDALE, NY 10583
MAUREEN CASEY, PROGRAM DIRECTOR
PHONE: (914) 771-3340
FAX: 771-3366

NAME OF PHYSICIAN: ______________________________

ADDRESS: ______________________________

TELEPHONE: ______________________________

DATE: ______________________________

I GIVE PERMISSION FOR ______________________________ TO PARTICIPATE IN ALL PROGRAMS AND ACTIVITIES OF A PHYSICAL NATURE AT THE SENIOR CENTER INCLUDING BUT NOT LIMITED TO TRACK WALK, SWIMMING AND AQUA TONING, EXERCISE, LINE DANCING, COUNTRY WESTERN LINE DANCING, TAP DANCING, TAI CHI, YOGA AND FUTURE PROGRAMS AND ACTIVITIES.

____
PHYSICIAN'S SIGNATURE

____
PHYSICIAN'S STAMP

NAME OF PARTICIPANT: ______________________________

ADDRESS: ______________________________

TELEPHONE: ______________________________