

**SENIOR CENTER AT LAKE ISLE
660 WHITE PLAINS RD., EASTCHESTER, NY 10709
EDITH CIRRINCIONE, PROGRAM DIRECTOR
PHONE: (914) 337-0390
FAX: 914-337-2584**

NAME OF PARTICIPANT: _____

ADDRESS: _____

TELEPHONE: _____

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
SWIMMING AND AQUA TONING, EXERCISE, LINE DANCING, COUNTRY
WESTERN LINE DANCING, TAP DANCING, TAI CHI, YOGA, ZUMBA AND
FUTURE PROGRAMS AND ACTIVITIES.**

PHYSICIAN'S SIGNATURE

**RETURN TO: EDITH CIRRINCIONE, CENTER AT LAKE ISLE,
660 WHITE PLAINS RD. EASTCHESTER, NY 10709
OR FAX: 914-337-2584**