

**EASTCHESTER SENIOR CENTER AT LAKE ISLE
660 WHITE PLAINS ROAD
EASTCHESTER, NEW YORK 10709
NORAH ROSSI, DIRECTOR
TELEPHONE: (914) 337-0390**

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

NAME OF PARTICIPANT: _____

ADDRESS: _____

TELEPHONE: _____