

**Town of Eastchester**  
**Senior Programs and Services**  
**40 Mill Road (Attn: Maureen Casey)**  
**Eastchester, NY 10709**  
**Phone 914-771-3340**

**FAX 914-771-3308**

**PHYSICIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

I give permission for \_\_\_\_\_  
to participate in all programs and activities of a physical nature at the Town of Eastchester Senior  
Centers including but not limited to walking, aquatics exercise, dancing, tai chi, zumba and yoga

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PHYSICIAN'S STAMP

\_\_\_\_\_  
DATE

**NAME OF PARTICIPANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_