



Supervisor
ANTHONY S. COLAVITA

Council Members
LUIGI V. MARCOCCIA
JOSEPH D. DOOLEY
THERESA V. NICHOLSON
SHEILA MARCOTTE

Town Clerk
LINDA D. LAIRD

Receiver of Taxes
ROCCO N. CACCIOLA

TOWN OF EASTCHESTER

40 Mill Road, Eastchester, New York 10709

www.eastchester.org

Parks & Recreation Department
(914) 771-3340
(914) 771-3308 FAX
recreation@eastchester.org

Senior Programs and Services
(914) 771-3340
sps@eastchester.org

Superintendent of Parks and Recreation
SALLY E. VELTIDI, C.P.R.P

Senior Programs and Services Physician Consent Form

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 STAMP

PHYSICIANS SIGNATURE

DATE

PATIENT _____

ADDRESS _____

PHONE _____

PLEASE FAX TO 914-337-2584