



# FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com



## VOLUNTEER COACHING APPLICATION FORM 1

Please submit with a copy of your driver's license, state issued I.D., or school I.D.

Name: \_\_\_\_\_ (M) (F)

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade(if applicable): \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Which Sport are you volunteering to coach? \_\_\_\_\_

Participating Child/Sibling's Name: (if applicable): \_\_\_\_\_

Coaching, Playing, or Related Experience: (use back of page is needed.)

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**Recreation Waiver:**

As a Participant utilizing the Fishkill Recreation Center, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate cover. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy of your driver's license, state issued I.D., or school I.D. and submit to;  
Fishkill Recreation, 793 Route 52 Fishkill, NY 12524**