



**High Point Village Enrichment Center Registration Form**

TODAY'S DATE \_\_\_\_\_

**PARENTS/GUARDIAN** LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

EMAIL \_\_\_\_\_

**PARTICIPANT'S** LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT DATA:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**OVERALL FUNCTIONAL AND MEDICAL STATUS**

DISABILITY:

\_\_\_\_\_

MEDICATIONS:

\_\_\_\_\_

MEDICAL CONDITIONS:

\_\_\_\_\_

PHYSICAL CONDITIONS:

\_\_\_\_\_

ALLERGIES:

\_\_\_\_\_



Primary Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

### **INFORMATION RELEASE**

I certify that the above information is correct. I hereby grant permission to **High Point Village and volunteers working under the direction of High Point Village** to use this information for the following purposes ONLY: (1) to include my **information** for grant (funding) purposes. (2) to give to emergency response agencies for assistance with evacuation or aid in the event of a disaster or emergency. This information is confidential.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **RELEASE OF LIABILITY WAIVER**

I, \_\_\_\_\_ for myself, representatives, or minors, hereby release, waive, and covenant not to sue High Point Village, Its employees, and its Volunteers, from any and all claims of negligence of High Point Village, its employees and volunteers, resulting in personal injury, illness, and death of arising from but not limited to participation in High Point Village activities.

Participation in activities in High Point Village Enrichment Center activities carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to the next and can range from 1)Minor bruises, scratches and sprains 2)Major injuries such as eye damage, joint or back injuries, and concussions 3)Catastrophic injuries including paralysis and death.

I have read the previous and following paragraphs and know and appreciate these and other risks are involved in High Point Village programs. I hereby assert that my participation is voluntary and that I knowingly assume all risks.

I also agree to indemnify and hold harmless High Point Village from any actions, claims, suits, procedures, costs, expense, liabilities, including attorney's fees brought as a result of my participation in these activities and to reimburse them from any expense incurred.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



**PHOTO RELEASE**

I hereby authorize High Point Village to publish the photographs taken of the me and/or the undersigned minor children, and our names, for use in the High Point Village's printed publications and website.

I release High Point Village from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize High Point Village to use their photographs and names. I acknowledge that since participation in publications and websites produced by High Point Village is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by High Point Village confers no rights of ownership whatsoever. I release High Point Village, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

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

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

City, State, Zip: \_\_\_\_\_

Names and Ages of Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_