

## Highland Parks & Recreation HYBSL Registration



**Head of Household Information: \*PLEASE FILL OUT ENTIRE REGISTRATION FORM\* Special Requests are NOT GUARANTEED!!!**

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

For office use only: **CASH OR CHECK ONLY**

Staff Initials \_\_\_\_\_ Amount paid \_\_\_\_\_

Resident \_\_\_\_\_ Non-resident \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

\* Checks payable to HYBSL

We invite people of all abilities to participate in our programs. If your child needs assistance to participate, please check this box.



**Interested in coaching? If so, please print** \_\_\_\_\_

*\* Volunteer coaches will have the registration fee reimbursed for one child. If chosen, a background check will be required.*

Participant First, Last Name	Date of birth	Grade	Male(M) Female(F)	Shirt Size		Field Position (3rd Grade +): Pitcher or Catcher
				Pre-K - 2nd	3rd Grade +	
				(6/8, 10/12, 14/16) (S, M, L, XL)	(YS, YM, YL) (S, M, L, XL)	

**Once the teams are picked, refunds will only be given with a doctors medical notice of inability to participate.**

### Waiver and Release of Liability

By signing this form, I hereby release and discharge from and waive any and all claims against the City of Highland, the Highland Parks and Recreation Department, and its officers, agents, servants, and employees, which might arise for any injury I may sustain while participating in any activity.

I understand that activities may be strenuous to my health and that I should consult a physician prior to engaging in any strenuous activities.

**PLEASE SEE REVERSE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date