



Highland Parks & Recreation Program Registration Form

PO Box 218
Ph: 618-651-1386
www.highlandil.gov

If your name is in our database due to a previous registration, only complete the name line immediately below and proceed to the center of the page.


Household Information:

Name _____ Email _____

Address _____ City _____ Zip _____

Home / Cell Phone _____

Emergency contact (optional) _____ Phone _____ Relationship _____

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

Program Participant First Name	Program Participant Last Name	Date of birth	Grade	Male(M) Female(F)	Program Name	Program Day/Date	Program Start Time

**Once the program starts, refunds will only be given with a doctors medical notice of inability to participate.
Programs may be cancelled due to lack of enrollment, and then credits or refunds will be issued.**

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.

Signature

Date