

2006 Highland Friendship Club Registration Form

Participant's Name: _____

Parents/Caregivers Name: _____

Address: _____

Phone: (Home) _____ (cell) _____

Email address: _____

Emergency Name/Phone Number: _____

Disability: _____

Special diet needs/Allergies: _____

Special Information, please be thorough, this information could be crucial to your child's safety (seizures, behaviors ect...):

General Information about the participant's abilities/need for assistance:

Photo Release

- I give permission for the participant listed below to be photographed and permission to have the participant's name used with the photo
- I give permission for the participant to be photographed but **do not** the participant's name used.
- I do not want the participant's photo or name used in any publication

Participant's Name: _____

Parent/Guardian Signature: _____

Date: _____

Mail Registration and Waiver to: Highland Friendship Club, P.O. Box 16437, St. Paul, MN