



Highland Village Senior All-Stars Membership Form

GENERAL INFORMATION

Date: _____

Name: _____ D.O.B: _____ Sex: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Telephone: Home : (____) _____ Work : (____) _____ Cell : (____) _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Participant: _____

Telephone: Home : (____) _____ Work : (____) _____ Cell : (____) _____

In case the above named person cannot be reached, contact:

Name: _____ Relationship to Participant: _____

Telephone: Home : (____) _____ Work : (____) _____ Cell : (____) _____

Signed: _____ Preferred Hospital: _____

MEDICATION INFORMATION (Optional)

If you **DO NOT** want to give this information to us please sign here: _____

To better assist us in the event of an emergency please complete the following information:

MEDICATION

Type: _____ Type: _____

Type: _____ Type: _____

Type: _____ Type: _____

Please fill out the following Releases

RELEASES

The following must be signed by the participant or participant's legal guardian.

I, _____ do hereby covenant and agree that I assume all risks associated with participation in Highland Village Parks and Recreation Department authorized activities/trips and so hereby accept that any injury or injuries as a result of my participation in Highland Village Parks and Recreation Department authorized activities/trips shall be my responsibility. I hereby release, hold harmless and indemnify the City of Highland Village, its agents, employees and representatives from any loss, claim or injury regardless of cause and even if attributable to the negligence or wrongful conduct of a party released hereby. I understand photographs taken during Parks and Recreation programs/trips may be used by the City of Highland Village Parks and Recreation Department for promotion of classes and events. Furthermore, I authorize emergency medical treatment should it become necessary.

I understand that this "Annual Waiver and Release of Claim" is effective for all classes, activities and trips.

Signature: _____ Date _____

SENIOR ALL-STAR MEMBERSHIP DIRECTORY

I give permission to the City of Highland Village to have my name, address, phone number, birthday and email put into a Senior All-Star Directory.

Information on All-Star members that will be put into this Directory will not be reproduced, redistributed or conveyed to anyone who is not in the Directory unless requested through the City Secretary's Office.

Information on Senior All-Star members contained in this Directory will not be used for any commercial or political purpose.

Signature: _____ Date: _____