



# FALL 2017 BUDDY BALL SOCCER HIGHLAND PARK

**Saturdays – Starts October 7th**

**9:30–11:00Am**

Buddy Ball Soccer will be held at the Municipal Turf Complex (the turf field located behind the Highland Park High School) in case of inclement weather this program is held in the Highland Park Middle School Gym.

The first session will have a meeting in the middle school cafeteria for the pals at 9am.

Teaching sports to the special needs children of HP & the neighboring communities  
Integrating Buddies (Special Needs Children ages 6-18) with Pals  
(Volunteer Teens ages 12-18)

Name of Buddy \_\_\_\_\_ Name of Parent \_\_\_\_\_

Name of Volunteer \_\_\_\_\_ Applicant Age \_\_\_\_\_ School Grade \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

\*I agree to abide by the conditions herein and agree to hold harmless, waive, and release any and all claims for damages against the Borough of Highland Park, the Highland Park Board of Education, Who's My Neighbor, Inc., their agents and employees, and other such individuals who may be involved in the planning and implementation of this program or event. I recognize that participation in sports and other activities may occasionally lead to injury. Most common injuries that occur are abrasions, bruises, sprains and strains. Less common injuries, but perhaps more serious, may occur. I hereby authorize emergency medical care for my child(ren) or myself. If, in the judgment of the staff, treatment is required for injury or illness, I hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I recognize that I am financially responsible for any expenses for medical care or transportation incurred. I further understand that photographs may be taken, and will be used for promotional purposes only.\*

Parent Signature \_\_\_\_\_

