



KATS THEATER CAMP REGISTRATION

Student(s) names, date of birth, and grade in school:

- 1) _____ DOB _____ Grade _____
2) _____ DOB _____ Grade _____
3) _____ DOB _____ Grade _____

Parent(s) name(s) _____

Address _____ city _____ zip _____

Parent's email address _____

Home phone _____ work _____ cell _____

EMERGENCY INFORMATION

Are there health issues about which we should be aware? Yes _____ No _____

Are there food allergies about which we should be aware? Yes _____ No _____

If yes, please explain:

In case of emergency, we will call a parent first. If not available, who, other than a parent, should be contacted?

#1 _____ phone # _____

#2 _____ phone # _____

Do you have medical insurance that will cover accidental incidences occurring while your child is on the HomeLink campus? _____ Name of Insurer _____

Do we have permission to make emergency health decisions in the event we are unable to reach any of the people on the contact list? Yes _____ No _____

Does HomeLink have permission to use photos of your student(s) in HomeLink promotional materials?

Yes _____ No _____

Parent signature _____ Date _____

*Please submit registration with payment of \$75/student.
Checks may be payable to HomeLink Yakima.*