## Spotlight on 99<sup>th</sup> Registration Form

Student's Name		
Parent's Name(s)		
Address		
Phone Number		
Emergency Contact		
Email address		
Grade entering Fall 2015_	School	_
Food allergies		_
Other health concerns		_
Please check one:My child will	walk or ride a bike home from camp. be picked up by	
health and accident insur- attending EPCHS summer his/her participation inclu hold harmless EPCHS and arising out of injury to ou	by signing below, hereby affirm to ance policy to cover our child in the event of an accident recamps. We, the parents of the child named above, give adding personal accident or injury and we waive, release, in all of its employees, coaches, volunteers, and Board ment child, except to the extent and in the amount covered brance.	or injury while our approval to ndemnify and agree to nbers from any claim
Please make \$200 check p	payable to Evergreen Park High School.	
Return with payment to:	Evergreen Park High School c/o Amy Kazin 9901 S. Kedzie Avenue	

Evergreen Park, IL 60805