

EPCHS Color Guard Camp Registration Form

Student's Name _____

Parent's Name(s) _____

Address _____

Phone Number _____

Emergency Contact _____

Email address _____

Grade entering Fall 2019 _____ School _____

Any health concerns _____

Please check one:

_____ My child will walk or ride a bike home from camp.

_____ My child will be picked up by _____

We, the parents of _____ by signing below, hereby affirm that we have a family health and accident insurance policy to cover our child in the event of an accident or injury while attending EPCHS summer camps. We, the parents of the child named above, give our approval to his/her participation including personal accident or injury and we waive, release, indemnify and agree to hold harmless EPCHS and all of its employees, coaches, volunteers, and Board members from any claim arising out of injury to our child, except to the extent and in the amount covered by our own personal accident and liability insurance.

Tuition is \$50. Please make checks 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