

Looking for Lilith Theatre Company Summer Drama Camp Registration

Instructions:

1. Please fill this form out electronically and email to Jennifer@lookingforlilith.org
2. Please print out form, sign medical and photo consent and mail form and check (\$150 for first child, \$115 for additional siblings) to: Looking for Lilith Theatre Company, 312 Crescent Ct. Louisville, KY 40206.
3. For questions or more information contact: Community Outreach Director, Jennifer Thalman Kepler. 502-638-2559 Jennifer@lookingforlilith.org

Circle which camp session you are registering for: July 18-22 Aug 1-5

Child's Information

Child's name:	Age:	Male:	Female:
Child's preferred Nickname:	Grade:	School:	

2nd Child's Information (only fill this out if you are registering more than one child. For additional children cut and paste box below)

Child's name:	Age:	Male:	Female:
Child's preferred Nickname:	Grade:	School:	

Parent/guardian Contact Information

Parent/Guardian Names:		
Address:		
Phone numbers (please indicate preferred phone number)		
Home:	Work:	Cell:
Email Address:		

Emergency Contact Information

In an emergency please contact:		Relationship to Child:	
Phone numbers:			

Or contact:		Relationship to Child:	
Phone numbers:			

Other Medical Information (please fill out this box for each child you are registering. For additional children cut and paste box below)

Child's Name:
Please list any medical conditions that may affect your child's involvement in camp activities or that you feel is important that we know about.
Please List any allergies your child has especially food and/or drug allergies .
Please list any medications taken regularly so that in the event that we can't reach you in an emergency we can share medication information with medical personal.

Permission and Waiver

I, _____ give permission for my child/children to participate in Looking for Lilith's summer drama camp. I will not hold Crescent Hill Presbyterian Church, La Casita Center or Looking for Lilith liable for any injuries during the camp.	
Signature: _____	Date: _____

Medical Consent

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____ hereby grant permission for any and all medical attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted.	
Signature: _____	Date: _____

Photo Consent

I _____ give permission for photographs and video of my child/children taken during their participation in this Looking for Lilith program to be used in any and all Looking for Lilith publications and publicity materials including the website.	
Signature: _____	Date: _____

Payment

Fee for 1 st Child	
Fee for additional siblings	
Additional donation for Camp Scholarships.	
TOTAL DUE	