

Spotlight on Kids Registration Form—Grades 2-7

Name of student _____ Age _____

Parents' name(s) _____

Address _____

Phone _____ Cell Phone _____

School _____ 2018-2019 grade _____

E-mail address _____

Gender (circle): Male Female

Please consider this carefully

Child T-shirt size S M L or Adult T-shirt size S M L XL

I attended LTC Camp: 2014 2015 2016 2017 2018 (circle all that apply)

Please list below any experience the child has had with acting, singing, dancing

Complete the Registration form and the Medical Authorization form and return it with a check or money order for \$120 to: LTC Camp 10 S. Mechanic, Lebanon, OH 45036

Camp will be filled on a first-come, first served basis. Campers must be preregistered and fees paid in order to attend.

Emergency Medical Authorization

After reasonable measures have been taken to contact me, and I have been unable to be contacted, I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone _____

Dentist: _____ Phone _____

Hospital _____

Facts concerning the child's medical history including allergies, Medications being taken, and any physical impairments to which a physician should be alerted are as follows:

Signature _____

Phone during the camp hours _____

Person to notify if you cannot be reached:

Name _____

Phone _____

Date _____