REGISTRATION FORM

Participant's name: _____
First Last

Additional Sibling:_____

Address: _____
Street City State Zip

School (fall of 2018): _____ Grade (2018-2019): _____

Home Phone: _____Parent Cell Phone: _____

Email:_____

Parent(s) Name: _____

Other Emergency Contact Name: _____Phone:_____

Parent Consent & Liability

I agree to be solely responsible for any medical expenses incurred by my child in this activity. In consideration of the fee charged for this program, I agree to hold Tri-Cities Prep High School, the Tri-Cities Prep Theater Camp Program, and any employee or volunteer involved harmless from, and indemnify them for any damage or loss arising as a result of my child's participation in this activity.

Parent or Guardian Signature: _____

Date Signed: _____

Cost: $50. Each additional sibling in **same** camp is $25.00. Make checks, money order or cashier's checks payable to Tri-Cities Prep Theater Camp.

T-Shirt size (circle one) Youth: L Adult: S M L XL XXL
Deadline for requested size: July 2nd

Tri-Cities Prep 9612 St. Thomas Dr. Pasco, WA 546-2465

www.tcprep.org