



## Registration Form - Required of all participants

Please return to: **The Kate, 300 Main Street, Old Saybrook, CT 06475** or  
email to **Robin.Menzies@thekate.org**

**Please submit ASAP and no later than May 1st**

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_ Race/Ethnicity (optional): \_\_\_\_\_  
Grade & School for Fall 2024: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name (*someone other than parent/guardian*): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
My child has a disability and/or special health care need (allergies, dietary, etc):  Yes  No  
If yes, please specify: \_\_\_\_\_  
My child will be bringing medication, an inhaler, or an EpiPen to camp:  Yes  No  
If yes, please specify: \_\_\_\_\_  
**T-Shirt Size** (please circle): Youth - S M L      Adult - S M L XL

### **PLEASE SELECT SESSION(S):**

- Session 1 (6/24-6/28)    Session 3 (7/15-7/19)    Session 5 (7/29-8/2)    Session 7 (8/12-8/16)  
 Session 2 (7/8-7/12)    Session 4 (7/22-7/26)    Session 6 (8/5-8/9)

**RELEASE OF LIABILITY:** I release all rights and claims that might be had against The Katharine Hepburn Cultural Arts Center, its hired or contracted instructors, their employees and agents, for all and any injuries or losses which may be suffered because of my child's participation in the above activity and authorize The Katharine Hepburn Cultural Arts Center and its employees/agents to provide emergency treatment on my child's behalf. I give permissions to have photographs of my child taken during the camp program and used for publicity purposes for The Katharine Hepburn Cultural Arts Center. I understand that The Katharine Hepburn Cultural Arts Center will not be held responsible for any injuries sustained as a result of participation in this program. I also understand that I must carry accident and liability insurance for my child.

In the event of an emergency, we will call 911 and then try to reach you as soon as possible. Your child will be transported, if needed, to the Middlesex Hospital Emergency Clinic in Westbrook.

By signing here, I agree to the terms above and in the Kate's Camp for Kids or Summer Spotlight Policy Handbook.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**