



Registration Form

Kokomo Area Schools at Home (KASH)

Check registration options

- Annual membership, newsletter via U.S. mail:** \$25 (\$20 for registrations received by KASH Kickoff)
- Annual membership, newsletter via email:** \$20 (\$15 for registrations received by KASH Kickoff)
- Give me a kashnews.org website message board account number (free)

| | First Name | Last Name | Birth Date | Grade |
|---------|------------|-----------|------------|-------|
| Husband | | | X | X |
| Wife | | | X | X |
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |

| | First Name | Last Name | Birth Date | Grade |
|-------|------------|-----------|------------|-------|
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |

Street _____
Email _____

City _____ **Zip** _____
Telephone _____

Please read and sign indicating your agreement to the following:

Kokomo Area Schools at Home (KASH) is a mutual support group started in 1988 by and for those families involved in home education in the Kokomo area. The group works together to broaden the opportunities of the individual homeschool through the sharing of information and experience, group activities, and social interaction within a Christian atmosphere. While KASH membership is required for participation in KASH activities, our monthly meetings are open to anyone interested in home education. The Leadership Committee has purposed that KASH and all of its activities and publications shall be consistently and forthrightly Christian.

Children are expected to cheerfully obey the leaders in charge of an activity. If a child has been warned about a problem and the problem continues, he will sit out the rest of the class (or the next class if the class is almost over). If a child has to sit out three times, he will be not be allowed to participate in the activity. Guns or other weapons are strictly prohibited. The KASH Leadership will stand behind the designated authorities, except in extreme cases.

I understand that the KASH Leadership Committee strives to uphold Christian standards for all KASH activities and publications. My signature indicates that I understand the above statement and that I will honor the guidelines for each of the activities offered throughout the school year.

Husband's signature _____ **Date** _____
Wife's signature _____ **Date** _____

Send this completed form and check (payable to "KASH Treasurer") to Johnathan Jasay, 924 Waterfront Drive, Kokomo, IN 46902.

Activities Medical Permission Form

Kokomo Area Schools at Home (KASH)

I hereby give my permission for any qualified medical personnel or hospital to treat my son or daughter in case of injury or illness that occurs during any KASH-related activity or class. The consent of any KASH Activity Coordinator or KASH Class Instructor shall be sought. I shall be notified as soon as possible regarding any treatment or medication administered to my child. Neither Kokomo Area Schools at Home (KASH), its Activity Leaders, its Class Instructors, nor its Leadership Committee shall be held liable for any injury or illness.

Participant Information

(to be completed by parent or authorized guardian of participants; complete one box per child)
(please print clearly!)

Participant's Name _____
Participant's Date of Birth _____
List All Current:
Allergies: _____
Illnesses: _____
Physical Problems: _____
Medications: _____

Participant's Name _____
Participant's Date of Birth _____
List All Current:
Allergies: _____
Illnesses: _____
Physical Problems: _____
Medications: _____

Participant's Name _____
Participant's Date of Birth _____
List All Current:
Allergies: _____
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Participant's Name _____
Participant's Date of Birth _____
List All Current:
Allergies: _____
Illnesses: _____
Physical Problems: _____
Medications: _____

Address of Participant(s): _____

Parent/Guardian Phone Number: _____ Preferred Local Hospital: _____

Doctor: _____ Doctor's Phone Number: _____

Emergency Contact: _____ name _____ phone number

Insurance Information:

Insurance Company (covering participant): _____ Policy Number: _____

Insurance Company Address: _____

I, the parent/guardian of the above-mentioned participants, will assume responsibility of any and all medical bills.
I am in agreement with all statements as declared above.

Parent/Guardian Signature _____ Date _____