

EYES OF THE WORLD NATURE IMMERSION

REGISTRATION FORM

School: _____

Child's Name: _____ Birthday: _____

Address: _____

Parent/Guardian #1 Name, & Phone number: _____

Address if different from above: _____

Parent/Guardian #2 Name, & Phone number: _____

Address if different from above: _____

Parent/Guardian #1 Email _____ Parent/Guardian #1 Email _____

Emergency Contacts (OTHER THAN PARENTS- We will always try parents' 1st)

Contact #1 Name/relationship to child/phone number:

Contact #2 Name/relationship to child/phone number:

Medical Information

Any allergies, disability, medical conditions, behavioral concerns? If yes, please explain:

Hospital Choice: _____

Family physician (Name & phone number) _____ (N/A)

Release Information:

Names/relationship of persons who are permitted to remove child from program:

****Please notify if someone new will be picking child up. Please have ID ready**

Names/relationship of persons who are NOT allowed to remove child from program:

Eyes of the World Nature Immersion Waivers

Child's name: _____ **Date:** _____

I hereby give my permission for my child to participate in the Eyes of the World Nature Immersion program. I understand this program involves active nature play that may include but is not limited to supervised tree climbing, rock climbing, building forts, water play, swimming in shallow water, bare feet(weather/location pending) & mud play.

Signature: _____ **Date:** _____

I hereby agree not to hold Eyes of the World Nature Immersion, Dawn Jenkins, volunteers, staff or location host/location liable in the case of injury or death as the result of my participation or that of my child's participation in this program. I give my permission for the Eyes of the World Nature Immersion staff to arrange for transportation of my child to a hospital and further give my permission for treatment for basic first aid in the event of an injury or emergency.

Signature: _____ **Date:** _____

I hereby grant Eyes of the World Nature Immersion and Dawn Jenkins the absolute right and permission to publish photos and/or videos of my child involved in nature play in pertinent publications. This includes posting to our social media pages. I agree that the photographs become the exclusive property of Dawn Jenkins.

Signature: _____ **Date:** _____

I have read the Eyes of the World Nature Immersion handbook. I understand & agree to the terms and condition in this document including the enrollment/tuition agreement.

Signature: _____ **Date:** _____