

## EYES OF THE WORLD NATURE IMMERSION

### REGISTRATION FORM

Admission date: \_\_\_\_\_

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' 1<sup>st</sup>)

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)

Family dentist (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 includes but is not limited to supervised tree climbing, rock climbing, building forts, water play, 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: \_\_\_\_\_