

EYES OF THE WORLD NATURE IMMERSION

2023-2024 REGISTRATION FORM

Today's Date _____

Name of Class & days requested: _____

Child's Name: _____ Birthday: _____

Address: _____

Parent/Guardian #1 Name & Phone number: _____

Parent/Guardian #2 Name & Phone number: _____

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? If yes, please explain:

Hospital Choice: _____

Release Information:

Please list anyone who is allowed to pick up your child: _____

Eyes of the World Nature Immersion 2023-24 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 & mud play.

Signature: _____ **Date:** _____

I hereby agree not to hold Eyes of the World Nature Immersion, Dawn Jenkins, volunteers or staff 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 policy.

Signature: _____ **Date:** _____