

EYES OF THE WORLD NATURE IMMERSION

REGISTRATION FORM

Date: _____

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: _____
