

Eyes of the World Nature Immersion

Registration Form

Program name & session date:

Child's Name:

Address:

Parent/Guardian #1 name/phone number:

Parent/Guardian #2 name/phone number:

Email Address:

Contacts in case of emergency (OTHER THAN PARENT- we will always try parents first)

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

Contact #2 name/relationship to child/ phone number

Medical Information

Doctor's name/phone number:

Hospital Choice:

Any allergies, disabilities, medical conditions? If yes, please explain:

Release Information

Please list anyone who is allowed to pick up your child.

