

Enrollment Form

- Week 1 July 8th-12th
- Week 2 July 15th-19th
- Week 3 July 22nd-26th
- Week 4 July 29th-August 2nd
- Week 5 August 5th-9th
- Week 6 August 12th-16th
- Week 7 August 19th-23rd
- Week 8 August 26th-30th

Child name: \_\_\_\_\_

Age: \_\_\_\_\_

Weeks enrolled: \_\_\_\_\_

Days enrolled (ex:full week or MWF): \_\_\_\_\_

Child name: \_\_\_\_\_

Age: \_\_\_\_\_

Weeks enrolled: \_\_\_\_\_

Days enrolled (ex:full week or MWF): \_\_\_\_\_

Child name: \_\_\_\_\_

Age: \_\_\_\_\_

Weeks enrolled: \_\_\_\_\_

Days enrolled (ex:full week or MWF): \_\_\_\_\_

Parent/Guardian:

Phone:

Parent/Guardian:

Phone:

Emergency contact:

Phone:

**Wild Child San Diego Nature School Waivers**

**Liability**

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in the year round or seasonal camp program held by Wild Child San Diego Nature School and all of its staff as well as affiliates. This release is intended to discharge in advance Wild Child San Diego Nature School its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. I understand that there are natural dangers in the environment such as rocks, wildlife, and plant life that could pose risks to my child. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees. In the event of my child sustaining injury, I will not sue, pursue legal action, or request Wild Child San Diego Nature School or any persons affiliated with it to pay for medical treatment. I give consent for my child(ren), \_\_\_\_\_ to participate in the above child care program, and I execute the above liability release on my child's behalf.

Guardian Signature: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent for Treatment**

I hereby give my consent to have the above applicant(s) treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity/child care. It is understood that Wild Child San Diego Nature School and its staff, will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

Guardian Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Permission Form**

I/we give permission for our child \_\_\_\_\_ to be in the care of Wild Child teachers and staff for field trips and for daily care at public parks in San Diego. I give permission and understand that my child may take walks at the park with their group and may

not always be at the drop off/pickup location. I/we give permission for our child to swim in the bay, visit/swim at the beach, play on the playground, participate in crafts and music activities, and other field trip walks under the care of Wild Child counselors. I understand there is inherent risks in these activities and assume all liability and risks as the guardian of my child. I will not pursue legal action against or hold any staff member of Wild Child San Diego Nature School or its affiliates liable for any accidents that may occur to my child during their participation in activities.

Guardian Signature: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Emergency Transportation**

In the event of an emergency, I give Wild Child staff permission to transport my child to a safe location via vehicle. Only under extreme circumstances would this take place (i.e. shooter, tsunami, fire, etc.).

Guardian Signature: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Injury Treatment and Sunscreen**

I/we give permission for Wild Child staff to administer sunscreen and first aid ointments to our child.

Guardian Signature: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Permission to Photograph**

I give permission for Wild Child Staff to take pictures of my child(ren) for the following reasons. Please write yes or no.

To send to guardian via text or Procare App: \_\_\_\_\_

To share with other Wild Child parents in group photos: \_\_\_\_\_

To use for marketing purposes on Instagram, website, or Facebook: \_\_\_\_\_

To be included in the yearbook: \_\_\_\_\_

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Guardian Signature: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_