

Art of Spirit's Earth School Registration 2022

(PLEASE COMPLETE FOR ALL WORKSHOPS & PRINT CLEARLY)

Name _____ Age _____

Birth date _____

School _____ Check session(s) desired:

Saturdays(dates) _____

Camp (session/s Number) _____

Earth School Sunday (date) _____

Inner Wisdom (dates) _____ Other (dates) _____

Please print clearly, and complete both parents' info

Parent Name #1 _____

Home phone _____ Cell phone _____ Work phone _____

email _____

Address _____

Place of employment _____

Parent Name #2 _____ Home phone _____ Cell phone
_____ Work phone _____

email _____

Address _____

Place of employment _____

Other Adults who may pick up your child (adults will not enter building)

Name _____ (relationship) _____ Phone home _____

Cell phone _____

Emergency Contact 1. Name _____ (relationship) _____

Phone home _____ cell _____

2. Name _____ (relationship) _____ Phone home _____

cell _____

Extremely important!!

**If we are not informed of specific medical conditions or behaviors, or medication for said conditions or behaviors have not been taken, creating a safety risk to the child or the group, we reserve the right to discontinue participation of the child.
If this occurs, no payment will be forfeited.**

Medical information

Does your child (the registrant) have any medical conditions we should be aware of?
Please include allergies, medications, (behavioral issues,) or other

Allergy (describe) _____ Epipen ___ Inhaler ___ Other ___ Dietary
restrictions ___ Medications

Describe Medical condition (above) _____

Behaviors we need to be aware of _____

Permission to photograph

I give permission to photograph, film, or interview my child/ registrant as a participant in Art of Spirit's Earth School for the sole purpose of marketing materials both printed and online in promotion of the Earth School.

Parent Signature _____ Date _____

Review Carefully

- Payment and registration form must be completed before registrant is able to attend.
- Standard Refund – Full refund (minus any online merchant, and 10% administration fees) will be issued up to 30 days in advance of beginning date of camp, and 48hrs in advance of ES Sunday
- See website for further refund details.
- **Pandemic Refunds – Given our ongoing circumstances, full or partial refunds (minus online merchant fee) will be issued due to camp cancellation .**

Earth School reserves the right to exercise good judgment regarding the safety of participants. Inclement weather, or other circumstances may cause a change in scheduling or activities during a

workshop. Earth School also reserves the right to discontinue participation for any attendee whose behavior becomes a safety issue to themselves or others. If this occurs, payment will be forfeited.

Parent Signature _____ **Date** _____

Print name please _____

How did you hear about us? _____

Please notify us in advance if you are going to miss a session or be a late arrival.

Any emergencies, please call Patricia- 267-454-4491 or Bucks County Audubon @ 215-297-5880

Memorandum of Pandemic Understanding- Earth School Workshops 2021

We are excited to be able to provide the wonderful Earth School Workshop experience that all our Earth School kids. We continue to work diligently to keep measures in place that will allow us to run safely and professionally for the Fall 2022 season.

As we know, COVID-19 & variants will be with us for the foreseeable future. No matter what procedures and protocols are put in place, there is simply no way to guarantee that COVID-19/Variants, or any other pathogen or communicable disease will not enter Earth School. By the very nature of the personal interactions that take place in workshop environments, there is always a risk of your child contracting this or any other disease or infection. We will do everything within our power to keep your child healthy and safe at Earth School.

Please do not bring your child if they are experiencing any symptoms.

I hereby acknowledge that I have read and understand the points as described herein.

Parent/Guardian Signature Date

Important!

Insurance info

Provider Name _____ Group # _____

Plan # _____

Primary Physician _____ Phone _____ Dentist _____

Phone _____

Permission to treat

In case of emergency, I give permission for _____ (child's name) to receive emergency treatment and/or be transported to a hospital by an Earth School staff member.

Parent Signature _____ **Date** _____

Thank you for giving your child the gift of Earth School!