

**Art of Spirit's Earth School Registration 2025**

***(PLEASE COMPLETE FOR ALL WORKSHOPS & PLEASE PRINT CLEARLY)***

Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ School \_\_\_\_\_

Saturdays (dates) \_\_\_\_\_

**Summer Camp - Check session(s) desired:**

Session #1 \_\_\_\_\_ June 23-27, (Ralph Stover State Park, Pipersville, PA)

Session #2 \_\_\_\_\_ July 30-July 3, **Excludes July 4<sup>th</sup>**, Bucks County Audubon, 2877 Creamery Rd, New Hope

Session #3 \_\_\_\_\_ July 7 -11, Bucks County Audubon,2877 Creamery Rd, New Hope

Session #4 \_\_\_\_\_ July 14-18, (Ralph Stover State Park, Pipersville, PA)

Session #5 \_\_\_\_\_ July 21– July 25, **BIKE WEEK!** (Dharma Bums , Point Pleasant PA)

Session #6 \_\_\_\_\_ July 28 – Aug.1, Ralph Stover State Park, Pipersville, PA

***Please print clearly, and complete both parents' info ( for emergency use only)***

**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 (with id)**

Name \_\_\_\_\_ (relationship) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Emergency Contact**

**1. Name** \_\_\_\_\_ (relationship) \_\_\_\_\_

Phone, home \_\_\_\_\_ cell \_\_\_\_\_

**2. Name** \_\_\_\_\_ (relationship) \_\_\_\_\_

Phone, home \_\_\_\_\_ cell \_\_\_\_\_

***Important*** *If we are not informed (in writing on this form) of specific medical conditions, behaviors, or if medications have not been taken, creating a safety risk to your child or the group, we reserve the right to discontinue participation of the child. If this occurs, payment will be forfeited.*

**Medical information** Does your child have any medical conditions or behavioral issues of which we should be aware, or other concerns that may affect your child or the group? Please include allergies, medications, all emotional or behavioral issues, or other. This information will be kept private among facilitators.

**Describe Medical condition** \_\_\_\_\_  
\_\_\_\_\_ **medication?** \_\_\_\_\_

**Allergy (describe)** \_\_\_\_\_

**EpiPen** \_\_\_ **Inhaler** \_\_\_ **Other** \_\_\_ **Dietary restrictions** \_\_\_ **Medications** \_\_\_\_\_

**Behavioral issues** \_\_\_\_\_

\_\_\_\_\_

**Insurance info**

Provider Name \_\_\_\_\_ Group # \_\_\_\_\_

Plan # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Permission to treat** In registering for Earth School, I understand that in case of emergency, my child, (name) \_\_\_\_\_ will be treated and/or be transported to a hospital by an adult.

Earth School staff member. I also understand COVID-19 & variants will be with us for the foreseeable future. There is no way to guarantee that COVID-19/Variants, or any other pathogen or communicable disease will not enter Earth School. I will not bring my child to Earth School if they are experiencing symptoms. **Parent Initial** \_\_\_\_\_

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

### **Earth School Accident Waiver and Release of Liability Form**

*The safety of each child is our highest priority at Art of Spirit's Earth School. Earth School is an outdoor program. Nature is unpredictable, and there are inherent risks. Earth School takes all reasonable precautions to ensure your child's physical and emotional well-being, and to provide a quality learning experience. By signing the following statement, you will be acknowledging that you understand the risks of attending an Earth School outdoor program and assume liability for your child's participation.*

I understand that Earth School outdoor programs held at Bucks County Audubon, Solebury Pa., Dharma Bums, Point Pleasant, PA., Ralph Stover State Park, Tinsman's Meadow, Lumberville , PA, Bulls Island, NJ, Delaware Canal State Park, or the Tohickon Creek in Bucks Co. PA., and Nockamixon State Park, pose inherent risks of Nature. Activities will include but are not limited to, walking, or hiking in forests, streams, fields, on rocks, other terrains, and limited bicycle riding. There may be mosquitos, bees, ticks, wildlife, plant/tree sensitivities, slippery or jagged surfaces, and tree damage, among other dangers and risks.

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge Art of Spirit's Earth School Directors, officers, employees, agents, ES venues, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or loss, arising from or related to my child(ren)'s participation in an Earth School program.

Signature of Parents/Legal Guardian: \_\_\_\_\_

Print Parents/Legal Guardian Full Name: \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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