

Art of Spirit's Earth School Registration 2023

(PLEASE COMPLETE FOR ALL WORKSHOPS & PLEASE PRINT CLEARLY)

Name _____ Age _____

Birth date _____ School _____

Saturdays (dates) _____

Summer Camp - Check session(s) desired:

Session #1 _____ July 3-7, (Ralph Stover State Park, Pipersville, PA)

Session #2 _____ July 10-14, (Ralph Stover State Park, Pipersville, PA)

Session #3 _____ July 17-21, (Ralph Stover State Park, Pipersville, PA)

Session #4 _____ July 24-28, (Bucks County Audubon, Solebury, 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 you child or 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

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, Ralph Stover State Park, or the Tohickon Creek in Bucks Co. PA., pose inherent risks of the Nature. Activities will include but are not limited to, walking, or hiking in forests, streams, fields, on rocks, and other terrains. 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, 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!