

Date Received:	_____
Fee Received:	_____
Admission Date:	_____
Class:	_____

REGISTRATION PACKAGE

Returning Participants Please Note – You are still required to fill out ALL information forms.

ADMISSION:

Nature Explorers Forest School Program: Child must be 4 - 9 years old

Nature Discovery & Play, Parent and Tot Program: Child must be 18 months to 4 years and must have a parent/guardian present.

All forms must be complete and handed in before your child can start Forest School.

FEES:

Please Check Program of Choice:

- Nature Explorers Forest School Program** (4-9 year olds) \$195/per 9 weeks
 Tuesdays 9:30am-11:45am
 Program held at Bechtel Park in Waterloo
Start Date: Jan. 9th, 2018

- Nature Discovery & Play, Parent & Tot Program** (18months-4years) \$105/per 9 weeks
 Wednesdays 9:30am-11:00am
 Program held at Bechtel Park in Waterloo
Start Date: Jan. 10th, 2018

*Post date cheque for Jan. 1st **or** pay with cash **or** Interac E-Transfer to wildflowersforestschool@gmail.com

*Monthly payments are an option if needed, please contact Wildflowers Forest School for more information.

Parent Name: _____ Child's Name: _____

Phone Number: _____ E-mail address: _____

Returning Participant? _____

If no, how did you hear about to us? (e.g. website, friend, advert.) _____

PLEASE PRINT & FILL IN ALL SPACES (indicate n/a where necessary, do not leave blanks)

Child's Full name: _____

Date of birth: _____

Name known by: _____ Sex: _____

Phone Number: _____

Address: _____

City: _____ P.C.: _____

Parent/Guardian: _____

Parent/Guardian: _____

Address: _____
if different from above

Address: _____
if different from above

Phone: _____

Phone: _____

Employer: _____

Employer: _____

Business Address: _____

Business Address: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Name of Family Physician: _____ Phone: _____

Address of Physician: _____

Emergency Contacts: Names and phone numbers of two **(2) different local people** to whom your child may be released (other than parent/Guardian) in case of emergency when contact with parents cannot be made:

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Special Notes (e.g. allergies, drug reactions, etc.):

PARENT'S AGREEMENT

I hereby make application for active participation in the Wildflowers Forest School. I am enclosing a cheque for the 9 week program dated Jan. 1st, 2018 or cash or payment by Interac E-Transfer to wildflowersforestschool@gmail.com.

If it becomes necessary to withdraw my child from the program, I will give two week's notice in writing and understand that no refund will be provided.

I hereby authorize the Forest School Educator to carry out regular health inspections of my child. If found ill, s/he will be isolated (separated from the other children), supervised, and I or the emergency contact will be called to take the child home.

I hereby authorize the Forest School Educator or another responsible adult to obtain emergency medical treatment for my child by qualified personnel if I am unable to be reached.

I will not send my child to school if there is any question of illness. If my child contracts a communicable disease, I will notify the Forest School Educator who will notify Public Health.

I will keep the Forest School Educator informed of any event or change of routine at home, which might affect my child's behaviour.

If I have any questions about my child's progress in the program, I will direct them to the Forest School Educator. I will direct questions or suggestions about administration of the school to the Forest School Educator.

In case of injury to my child while in the care, custody or control of the school, I hereby waive all claims against the school in excess of public liability insurance carried by the school.

I understand that, during the program in the forest, the Forest School Educator has overall responsibility for program, teaching methods, discipline, and health and safety measures; if I am volunteering, I am there as an assistant.

I, the undersigned, have read this parent's agreement carefully and agree to follow it to the best of my ability.

SIGNED: _____ DATE: _____

Participation Consent

I hereby grant consent for my child, _____, to fully participate in the program of activities organized by Wildflowers Forest School.

This consent does not include participation in:

I hereby declare that I will not hold the aforementioned Forest School responsible in case of accident. I hereby grant my consent for emergency medical treatment to be administered to my child, if necessary, for any injury or illness during the Wildflowers Forest School Program.

SIGNED: _____ DATE: _____

Wildflowers Forest School Waiver Form

Organization Name: Wildflowers Forest School

Mailing Address: 34 Hampton St. Elmira, ON, N3B 1L7

Child's Name: _____ Child's Date of Birth: _____

1. Participant Agreement & Waiver:

Description of Risks

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation in Wildflowers Forest School. I am aware that there are inherent risks involved with outdoor, nature-based activity and in my child's participation in any outdoor activity in the outdoor program at Wildflowers Forest School, including my child's use of any equipment. The risks and hazards of outdoor activity include, but are not limited to:

- Injuries from executing strenuous and demanding physical activities
- Injuries from failing to properly use tools such as carving knives
- Contracting poison ivy or stinging nettle
- The presence of wild animals and possible ticks
- Inclement weather

Furthermore, I am aware:

- That injuries sustained in outdoor activity can be severe and even fatal;
- That all explained rules are designed to enhance safety of my child and others and are to be followed at all times;
- That knife and carving work require special instruction and training from the practitioner.

2. Release

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Wildflowers Forest School, its officers, agents and/or employees, other participants, sponsors, volunteers, and, if applicable, owners and lessors of premises used to conduct the event (Releasees), from any and all claims, demands, losses, and liability arising out of or related to injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

3. Health Statement

I will notify Wildflowers Forest School ownership or employees if my child suffers from any medical or health condition that may cause injury to themselves or others, or may require emergency care during my participation.

4. Acknowledgement

I acknowledge that I have read and fully understand this agreement, while accepting the risks involved with my child's participation in these activities at Wildflowers Forest School.

I have read this release of liability and assumption of risk agreement, fully and understand its terms, and sign it freely and voluntarily without any inducement.

Parent/Guardian Signature: _____ Date: _____

IMAGE RELEASE AGREEMENT

Participants Name: _____ **Date of Birth:** _____

Address: _____ **Telephone:** _____

City: _____ **Province:** _____ **Postal Code:** _____

This release is for the use of all participants of Wildflowers Forest School. It will remain in effect from the time of signing until the participant reaches the age of majority - or for adult participants it will remain in effect indefinitely.

In the course of activities, representatives of Wildflowers Forest School, Educators, participants and staff may take photographs or otherwise record events. These photographs and recordings are sometimes used to promote Wildflowers Forest School. Please advise us if you are willing to have your own image and voice and/or your child's image and voice used for promotional purposes by Wildflowers Forest School, as indicated below:

I, on my own behalf and/or on behalf of my child, give permission to the Wildflowers Forest School to photograph and record me and/or my child's image and voice on still photographs, motion picture film, audio tape, video tape or digital media and to use this material, and/or similar material provided to Wildflowers Forest School by me or third parties involved in events, in whole or in part, now and in the future, through the media of television, film, internet, multi-media presentation, radio, audiotape, videotape, in printed form and display form for the promotion of Wildflowers Forest School. I, on my own behalf and/or on behalf of my child assign and transfer to Wildflowers Forest School any and all proprietary rights, including copyright, and waive all personality rights, which I may have or my child may have in this material.

Wildflowers Forest School is only responsible for official uses of photographs and recordings. Any personal uses by other participants and volunteers outside of the promotional uses outlined above are not monitored by or the responsibility of Wildflowers Forest School.

I, on my own behalf and/or on behalf of my child:

- | | | |
|---|------------------|--|
| <input type="checkbox"/> Give my permission as set out above for use in public domains | <u>OR</u> | <input type="checkbox"/> <u>DO NOT</u> give my permission as set out above, for use in public domains |
| <input type="checkbox"/> Give my permission as set out above for use in private, secure access domains | <u>OR</u> | <input type="checkbox"/> <u>DO NOT</u> give my permission as set out above, for use in private, secure access domains |

Name of applicant/participant or parent/guardian signing form

Signature of applicant or parent/guardian

Relationship to child

Date

**HEALTH & MEDICAL
INFORMATION FORM**

CHILD'S NAME: _____

Please provide any information regarding:

- Chronic medical problems (e.g. diabetes, asthma, epilepsy, or other diseases)
- Impairments or disabilities (e.g. vision, hearing, speech)
- Routine medications (e.g. Phenobarbital, Ritalin, etc) – please indicate dosage and frequency
- Allergies (e.g. drug, food, insect bites, pets & animals, environmental)

Chronic Medical Problems YES NO

Please Describe: _____

Impairments or Disabilities YES NO

Please Describe: _____

Routine Medications YES NO

Please Describe: _____

Suspected or Confirmed Life-Threatening Allergies

YES NO

*If yes, please see Forest School Practitioner

Please Describe: _____
