



Roots and Branches Forest School Summer Camp 2018

Registration Form

Child's name: _____ Age: _____

Registering for:

- 5 day camp; July 23-27; \$550 (transportation included)
- Tuesday, July 24; \$125 (transportation not included)
- Thursday, July 26; \$125 (transportation not included)

Total cost: \$ _____

*for one week camp, \$200 non-refundable deposit to ensure spot with, remainder due by May 1st

**for individual days, \$125 non-refundable due at registration to ensure spot

Participate Information:

First Name: _____ Last Name: _____

Birth date (yy/mm/dd): _____

Male _____ Female _____

Allergies/Dietary: _____

*What do you wish your child to gain from taking part in an outdoor school and mindfulness program?



PARENTS OR GUARDIANS

	Parent #1	Parent #2
Last Name:		
First name:		
Address:		
Cell Phone:		
Work Phone:		
Email:		
Relationship to Child:		

OTHER EMERGENCY CONTACT

Name:	
Relationship to Child:	
Phone:	
	Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.
Name	Phone/Address
1.	
2.	



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Medical Information

Doctor:	
Health Card #	
Allergies:	
Medical problems:	
Medication:	
Additional Information: Please indicate likes/dislikes/special interests	

PHOTO CONSENT

Connect The Dots Roots and Branches Programs may wish to take pictures or video of the children and their families at various times throughout the year. The intended use of pictures would be for educational purposes, research, course assignments and to promote our program, or supply an educational audience with a visual concept of what a Forest school is. [Examples of this use could be newspapers, magazines, Parent Handbooks, or educational Journals]. Please indicate below whether or not you authorize Connect The Dots to use your child's picture for public display.

I hereby do authorize Connect The Dots and Roots & Branches Forest School to use my child's pictures for Public Display.

_____ (Print name of child)

_____ Parent/Guardian Signature

_____ Print Name

_____ Date



Code of Conduct

Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions. While under the leadership of skilled staff, the activities that your child will engage in as a participant at the Connect The Dots and Roots & Branches Forest School involve risk – in choices made by the participant. As a condition of being allowed to participate in Roots and Branches programs, you warrant the participant is in good physical and mental health and that the participant shall not consume any substances which would impair the participant’s senses at any time during the program. You agree that intentional participant behaviour that puts the participant or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the centre’s Director. Expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.

Release

I, the undersigned, permit participation in a full range of activities and authorize the Program Director or his/her appointee, in the event of an accident or illness, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and wellbeing of the participant. I also give my consent for Connect The Dots and Roots & Branches Forest School to use the participant’s photo taken at Roots and Branches programming which may be used for educational purposes or promotions, unless is advised otherwise in writing. I have read, understand and agree to the terms of the refund/transfer policy, code of conduct and payment procedures.

Parent/Guardian Signature

Name (please print)

Date

The Fine Print:

- We will refund your deposit in the event that we cancel the program.
- Any person who leaves during the middle of a program due to illness, injury, expulsion, or any other reason will not be refunded any portion of the course fees.
- **Withdrawal Policy:** There will be no refunds of deposits or first payment.
- **Placement in program is not confirmed until initial payment is made.**
- Payment can be made by website, e-transfer, cash, or cheque.
- Please make cheques payable to: **Connect The Dots**
 - I have included Amount \$ _____ Date of payment _____
 - Type of Payment circle (cash/etransfer/cheque/Paypal/Visa/Website/Baggage Arts)



**Participant Agreement/Waiver
Forest School**

Description of risks:

I am aware that there are inherent risks involved with outdoor wilderness activity and in my child's participation of any outdoor activity at the Connect The Dots- Roots and Branches Forest School Programming, 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
- Injuries resulting from matches or fire
- Contracting poison from plants
- The presence of ticks, bears, bobcats, lynx, coyotes, wolves, moose etc.

Furthermore, I am aware:

- That injuries sustained in outdoor activity can be severe and even fatal;
- That all rules verbally explained, and outlined are designed to enhance safety of my child and others and are to be followed at all times;
- That knife and carving work as well as fire and open fire cooking require special instruction and training from the facilitator;
- My child's risk of injury increases with fatigue

Release:

I release Connect The Dots - Roots and Branches Forest School Programming, its Directors, Facilitators, Teachers, Volunteers, and Members of all responsibility for any injury, loss, or damage which my child might sustain while participating in any Connect The Dots or Roots and Branches Forest School Activities.

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 the Connect The Dots or Roots and Branches Forest School programming at the Gorham Location or at The Baggage Arts Building or other community locations.

Signature of all parents/guardians _____ Date _____

_____ Date _____

Printed name of Parents/Guardians _____
