

Nature Camp Registration

Instructions: Parent or legal guardian should complete one form for each child attending summer camps.

Child's Name: _____ Age: _____ Date of Birth: ____/____/____

Child's Youth T-shirt Size: __ S (5-8) __ M (10-12) __ L (14-16) __ XL (16+)

Parent(s)/Guardian(s): _____

Mailing Address: _____

Home Phone:(____) _____ Cell:(____) _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone:(____) _____

✓	Week	Nature Camp Name	Age Group / Tuition	Total
	1: 6/27-7/1	EverCamp		
	2: 7/11-7/15	Way of the Earth Ninja		
	2: 7/11-7/15	Adv. Way of the Earth Ninja: Way of the Wolf Clan		
	3: 7/18-7/22	Camp Little Bear (includes overnight)		
	3: 7/18-7/22	Wild Girls Camp (girls only)		
	3: 7/18-7/22	Lost Boys Camp (boys only)		
	4: 7/25-7/29	School of Wizardry		
	4: 7/25-7/29	Archers of Sherwood Forest		
	5: 7/31-8/5	Big Bear Village: Residential Camp		
	6: 8/8-8/12	Way of the Earth Ninja		
	6: 8/8-8/12	Adv. Way of the Earth Ninja: Way of the Wolf Clan		
	7: 8/15-8/19	SurvivorKid		
	8: 8/22-8/26	Homesteading		
	9: 8/29-9/2	Stalking the Summer Harvest		
			SUBTOTAL	\$
			5% discount off subtotal if registered for 2 or more camps	(\$)
			TOTAL DUE	\$
If not paying in full, a \$75 non-refundable deposit <i>per week of camp</i> is required to hold a space. Please make checks payable to Whole Earth Nature School. AMOUNT ENCLOSED				\$
(Balance due must be received <u>before</u> first day of camp for child to attend.)				
			BALANCE DUE	\$

Contact information of other persons to whom the child can be released: *(we will release your child only to those listed on this form)*

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Child's Physician: _____ Phone: (____) _____

Does your child have any medical conditions or allergies?*(please describe)* _____

Is there anything else that would be helpful to know about your child? _____

Waiver and Release

My child/ward has my permission to participate in all session and field trip activities. In the case of an emergency, I hereby request and authorize any physician, hospital or health care provider to provide medical treatment promptly, whether or not I may be contacted or informed. I am the Parent or Legal Guardian of the above-named child, who is under the age of 18 years and who wants to participate in Whole Earth Nature School programs. In consideration of my child/ward's participation on the programs, I hereby release, waive, indemnify and discharge Whole Earth Nature School and all of its instructors, employees, officers, directors, agents, sponsors, and volunteers from any and all liability to me, my child or ward and to all my legal representatives, assigns, heirs, and next of kin, for damage and injury to my child or ward or to any person or property arising out of participation in the program, and of future use of materials and other objects created during the program whether on Whole Earth Nature School property or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Whole Earth Nature School or any of the individuals listed above. Except if indicated below, Whole Earth Nature School has the right to use any student drawings, journal excerpts, video and any photos taken during the program for promotional purposes for itself and its affiliates.

___ My child may not be photographed for publicity. *(Please consider granting this photo release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)*

I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS, THE WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION IN THE WHOLE EARTH NATURE SCHOOL PROGRAM.

Parent/Guardian Signature: _____ **Dated:** _____

Printed Name of Parent/Guardian: _____

We want to help others know about our programs. *Please tell us how you first heard of Whole Earth Nature School:*
___ Friend ___ Internet ___ Advertisement ___ Flyer ___ Other: _____

**Please mail this form with payment to:
Whole Earth Nature School PO Box 5223, Eugene, OR 97405**