



RIVER LEGACY
LIVING SCIENCE CENTER

2010 Summer Class Registration Form

Child's Full Name _____ (_____) Grade Entering in the Fall _____
First Middle Last name child goes by

_____ Male _____ Female Age as of May 31, 2010* _____ Date of Birth _____

(Preschool children must be at least 3 years of age and **must be fully toilet trained by the session date in which they are enrolled.)*

Child's Address _____ City, ST _____ Zip _____

Home Phone _____ Cell Phone _____

Full Names of Parent(s) / Guardian(s)

Parent/Guardian 1 _____ Phone _____

Address _____ City, ST _____ Zip _____

Email address _____ Work Phone _____

Parent/Guardian 2 _____ Phone _____

Address _____ City, ST _____ Zip _____

Email address _____ Work Phone _____

Names and grades / ages of siblings also currently attending summer classes _____

Please list any disabilities, special needs or illnesses that should be brought to our attention _____

Is your child allergic? Please be specific: (examples: stings, foods, medications) _____

Is your child asthmatic? _____ Yes _____ No Please specify: _____

Does your child hear well? _____ Yes _____ No See well? _____ Yes _____ No Please specify: _____

FORM CONTINUES ON BACK

For Office Use Only					
Registration date _____	Session _____	Class _____	_____ AM	_____ PM	
Registration date _____	Session _____	Class _____	_____ AM	_____ PM	
Payment method _____	Amount _____				

child's name _____ (cont'd)

Who should be notified if we cannot reach you in case of sickness or accident?

Name	Address, City, Zip	Phone	Relationship
1. _____			
2. _____			
3. _____			

My child has permission to leave with the following people: (please include yourself and your spouse if applicable)

Name	Address, City, Zip	Phone	Relationship
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Under no circumstances will any child be allowed to enter or leave the classroom unless accompanied by one of the adults listed above.

I give my permission for my child to be photographed or videotaped during summer class activities. I understand that these photos or videos may be used to promote River Legacy and its Education Programs.

_____ Yes

_____ No

Parent/Guardian Signature

Authorization for Participation and Medical Consent

I am the natural parent, guardian or managing conservator of _____, a minor. I hereby give my permission for my child to participate in all River Legacy Summer Program activities, including nature walks. In the event I cannot be personally contacted, I do hereby grant authority to River Legacy Foundation, its agents, officers, employees, representatives and volunteers to consent to medical treatment and transportation as necessary, if required by the minor child.

This authorization is for the purpose of securing benefits for the health and welfare of my minor child and expressly includes the authority to sign releases for physicians and hospitals or medical facilities, as selected by River Legacy Staff, who may render medical care and service. I assume liability for payment of all such professional treatment, care, drugs and other services for my minor child.

I agree to indemnify and hold harmless River Legacy Foundation, its agents, officers, employees, representatives, and volunteers from any and all responsibility owed to the child, the parent or their legal representatives, heirs and assigns from any and all claims, demands, actions, judgments, causes of action or damages that the parent or child ever had or may have, whether caused by the negligence of River Legacy Foundation, or their agents, officers, employees, representatives, or volunteers while the child is participating in the activities of River Legacy Foundation.

Parent / Guardian Signature

Date