

# Junior Naturalist Club

## 2009 - 2010 Registration Form

An annual membership fee of \$125 per student is payable in full at registration. Each club is limited to twenty students; registration is on a first-come, first-served basis.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Club Preference:**     **Club One** (2nd Tuesday of the month)     **Club Two** (3rd Tuesday of the month)

**Method of Payment:**     Check     Credit Card (Visa / American Express / Discover / MasterCard)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Form Continues on Back.**

Make check or money order payable to **River Legacy Foundation**

Please return completed form and payment to:

Cindy Almond  
Living Science Center  
703 NW Green Oaks Boulevard  
Arlington, Texas 76006



RIVER LEGACY  
LIVING SCIENCE CENTER

June 9, 2009



RIVER LEGACY  
FOUNDATION

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_, to be photographed or videotaped by River Legacy Foundation, its representatives or the news media.

I give my permission for any such picture or likeness to be used in any manner related to River Legacy Foundation, the Living Science Center, and their programs or special events, without my further consent or approval.

I also acknowledge that I shall not be paid any compensation in connection with this release or the subject matter herein.

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_