

After school enrollment form



Name(s) _____

PICK UP SCHOOL _____

total weekly price \$25.00 (Per child)

payment method
\$ 50.00 EVERY OTHER WEEK (Per Child)

Enrollment date _____ First payment date _____ amount _____

Auto payment start date _____

cc # _____

exp date _____

cvv code _____

Name on card _____

I authorize the above amount to be withdrawn form my account as described above

Print name:

X _____

Student Full Name _____ Age _____ M F Birth date

Nickname _____ Age on first day of program

Sibling's Names and Ages

Student lives with Mother Father Both Other

Primary Address _____ City _____ State _____ Zip

Legal Guardian 1: _____ Mother Father Other _____ Occupation

Home Ph. _____ Work Ph. _____ Mobile

Email _____ Other

Legal Guardian 2: _____ Mother Father Other _____ Occupation

Home Ph. _____ Work Ph. _____ Mobile

Email _____ Other

Additional Caregiver: _____ Mother Father Other _____ Occupation

Home Ph. _____ Work Ph. _____ Mobile

Email _____ Other

Participation in Camp or After School Program or Both or special event and include participation dates _____

How did you hear about Coyote Outdoor Adventures and its programs?

Word of Mouth Website Mailer Past Program Public Event

Other _____

Credit Card Payment Please circle one: MasterCard VISA 3-digit security code _____

Account _____ Exp. Date

Cardholder Name _____ Billing address

Authorized Signature _____ Billing Zip

Photo/video Release:

Initial I hereby grant free permission for Coyote Outdoor Adventures to use images of myself or my child participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media.

Initial I do not grant my permission to use images of myself or my child for any purpose. **Parent/Guardian**

Signature _____ Date _____ **MORE** ↗

Medical Information for Participants

1. Please identify any pertinent medical conditions (Respiratory, Heart, Blood, Physical, Psychological, Emotional, Allergies, Chronic, etc):

2. Does your child have any allergies (food, medication, bee stings, etc.)? Please describe reaction.

If your child is susceptible to an anaphylactic allergic reaction, does your child carry prescription medication (e.g., Epi-pen)? yes no n/a

3. Is your child currently taking any medications? yes no If yes, please specify:

Med _____ Condition _____ Side effects _____

Med _____ Condition _____ Side effects _____

4. Are there other special needs your child has that our instructors should be aware of?

5. Any religious restrictions for medical treatment? yes no If yes, please explain

Emergency Contact:

1. Name _____ Phone(s) _____ Relationship _____

2. Name _____ Phone(s) _____ Relationship _____

Family Physician _____ Phone _____

Medical Insurance Carrier _____ Policy/ Group Plan Number _____

At **Coyote Outdoor Adventures**, the safety of each student/participant is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional safety while still providing a quality experience that focuses on fun, safety, exploration, discovery, and learning. However, as in any other experience, we cannot eliminate all risk from our programs. By signing the following statements you will be acknowledging that you understand the risks of attending this program, assuming liability for your child's participation and certifying that your Registration Form is complete and truthful.

Acknowledgement of Risk

I understand that the program takes place in locations that may be in swampy, forested and/or of uneven terrain and that water activities may be part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: on and off trail hiking, horseback riding, wading, swimming, fishing, canoeing, motorized boat use, travel in vans, remote area travel, fire building, natural shelter building, use of tools, use of knives, camping, and walking with a pack on uneven terrain.

Parent/Guardian Signature: _____

Date _____

Agreement and Release from Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, assume all risk and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless Rich Angwin Jr., Coyote Outdoor Adventures and its staff, instructors, volunteers, organizers, and anyone else acting in any capacity on their behalf for any claim arising out of an injury, illness, animal attack, snake bite, dismemberment or death to me or my dependent(s), whether the result of negligence or for any other cause. Further, I agree to hold harmless and indemnify Coyote Outdoor Adventures and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation. I understand that it is the responsibility of the parent/guardian to provide medical insurance for the participant(s). Further I give my consent and permission for any first aid, emergency care, or anesthesia which may be necessary for me or my child as the result of injury or illness incurred while participating in the program.

Parent/Guardian Signature: _____

Date _____

I certify that the information I have provided on this entire form is correct to the best of my knowledge and that there is no other medical or psychological information I am withholding which will in any way affect my or my dependent's performance during this program. If circumstances change between today and the first day of the program so that this Form is no longer truthful or complete, I certify that I will fully inform Coyote Outdoor Adventures of the new circumstances.

Parent/Guardian Signature: _____

Date _____