



PLEASE FILL OUT AND TURN IN THE FOLLOWING PAGES

Student's Name: _____	School: _____
Date of Birth : _____	Gender: _____ Grade: _____

Parent/Guardian and Student Contract and Waiver

My child and I understand what is expected of us before and during Nature's Classroom New England and that we are familiar with these rules and agree to abide by the rules, procedures, and behavior expectations detailed within. I realize that no environment is risk-free and I am aware of these risks, and so I have instructed my child on the importance of abiding by the center's rules. I grant permission for my child to participate in all activities and Nature's Classroom New England programs, including but not limited to challenge-course, out-of-camp trips by foot (hiking), and out-of-camp emergency transportation by van, bus or other designated vehicle. I understand that part of the outdoor education experience involves activities and group interactions that may be new to my child and that they come with uncertainties beyond what my child may be used to dealing with at home. I also understand that during my child's participation they may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, uneven terrain, standing and moving water, forested, and other areas that may result in wildlife encounters including mammals, reptiles, and insects that could result in infections and various insect-transmitted diseases. Additionally, certain risks may be associated with activities such as field and court sports, high and low ropes elements courses, waterfront, hiking, walking, running, playing outside, as well as other activities. Other risks might include sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. Nature's Classroom New England is not responsible for lost, stolen or damaged articles. I, the undersigned, have read and understand my responsibility to complete and submit all necessary forms and fees on time (and that my child will not be allowed to attend the program if any forms in the Family Packet are incomplete). I also acknowledge that participation is entirely voluntary, and I agree that any dispute concerning, relating, or referring to this contract, any representation concerning my child's outdoor education experience, or the outdoor education experience itself shall be resolved exclusively by binding arbitration in in the state and county where this camp is physically located, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

I HAVE READ THIS AGREEMENT. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Information

Primary Contact Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Secondary Contact Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____



Student's Name: _____	School: _____
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Authorization for Emergency Treatment

I hereby give permission to Nature's Classroom to seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Nature's Classroom to arrange necessary transportation for my child to a nearby hospital or other medical facilities as required. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Nature's Classroom to secure and administer treatment, including hospitalization, for the person named above. Information in this paperwork may be given to the physician. I agree to incur all costs related to any medical emergency for the person named above.

Parent/Guardian name: _____

Parent/Guardian Signature: _____ Date: _____

Health History

PLEASE NOTE THAT NATURE'S CLASSROOM WILL NOT BE ADMINISTERING ANY MEDICATIONS

Are there any concerns (medical, behavioral, emotional) that Nature's Classroom should be aware of? Yes No

Please specify: _____

Notification of Allergies and Food Restrictions

Does your child have any allergies (food or otherwise), intolerances, or dietary needs? Yes No

If yes, please specify type and severity: _____

If yes, will your child be carrying any emergency medication ie, Epi-Pen or Inhaler? Yes No