

# Ravensbeard Summer Program

## Registration Form - Summer 2008

Ages 7 - 14

Maximum number of students 12

Program Dates: (Monday - Friday 9:30 - 4:00)

**June 16-20, 23-27**

(Please circle the weeks you will attend)

Tuition - Weekly rate \$ 250.00 \$ \_\_\_\_\_

Both Weeks rate \$ 400.00 \$ \_\_\_\_\_

(Discount for siblings; 30% ) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Children's Names \_\_\_\_\_ Ages \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Parent's names \_\_\_\_\_

(please return registration form plus pages 2 & 3)

Payment for the program should be sent in full with your registration.

Make checks payable to:

Ravensbeard Wildlife Center, Inc.  
75 Turkey Point  
Saugerties, NY 12477

E-Mail: [info@ravensbeard.org](mailto:info@ravensbeard.org)

## FAMILY INFORMATION

\*Child's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Work phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Who to notify in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency contact #2 \_\_\_\_\_

Doctor's name and phone # \_\_\_\_\_

Any medications or special needs \_\_\_\_\_

Allergies, dietary restrictions \_\_\_\_\_

Other helpful information in regard to family, pets, unusual circumstances  
or emotional sensitivities \_\_\_\_\_

\_\_\_\_ Yes, I give permission for homeopathy, acupressure or energy work

\_\_\_\_ No, I prefer a phone call before any decisions are made

\*Please use 1 copy for each child

## WAIVER AND RELEASE OF LIABILITY - (Please read and sign)

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_, a minor. I hereby certify that I have the right to sign on the minor's behalf.

I understand that the activities the child will be participating in are physical activities in and outdoors, and that injuries may occur. In consideration of the child's participation, I hereby agree to assume the sole risk and responsibility for any and all injuries, damages or losses of any kind.

I agree to waive any and all claims, lawsuits or causes of action that the child or I may have against its instructors, participants and the parents or legal guardians of other participating children. I further agree to indemnify and hold harmless Ravensbeard Wildlife Center's Summer Camp from any claims, lawsuits or actions that may arise during these days at camp.

Additionally, I hereby state that the child does not suffer from any physical and/or mental conditions which should preclude participation in program activities and that neither I nor the child has been advised by any medical representative against the child participating in activities of this type and/or nature.

This agreement is applicable and binding upon my successors, heirs and assigns. I certify by my signature that I have read and understand this agreement in its entirety.

Signature \_\_\_\_\_ Date \_\_\_\_\_