

ACTIVITY RELEASE FORM and MEDICAL INFORMATION

List all allergies, medications, special needs, disabilities, and any other information pertaining to participation in our program:

* We willingly meet with families and support staff, prior to class, to discuss behavior intervention plans, IEP's, etc.*

Family Physician: _____ **Phone:** _____

PLEASE READ CAREFULLY BEFORE SIGNING:

MEDICAL EMERGENCY CONSENT:

In case of an emergency, an agent of Silver Lake Nature Center has my permission to seek the necessary medical attention for the Participant. If the Participant is under 18, every effort must be made to notify the Parent/ Guardian. I hereby release Bucks County Department of Parks & Recreation and the Friends of Silver Lake Nature Center, their employees & volunteers from any and all liability which might be incurred during these activities.

Parent/Guardian Signature: _____ **Date:** _____

PHOTOGRAPHY CONSENT:

____ YES, I authorize and consent to being photographed, and to the display, reproduction, alteration or other use of any photographs of my child (along with the possible use of first name only), or in which I may be included with others, in connection with Silver Lake Nature Center publications, website and press corps contacts.

____ NO, I do not authorize my child to be photographed

Parent/Guardian Signature: _____ **Date:** _____

CAMP PRICING and POLICIES

MEMBERSHIP:

In order to register at member prices, you must have a household membership (\$35.00) to Silver Lake Nature Center.

___ Yes! I wish to become a member of Friends of Silver Lake ___ Renew Me! ___ I'm already a current member!

FEES:

8 Week Session- \$100.00/child for members; \$120.00/child for non-members

Individual Class- \$15.00/child for members; \$18.00/child for non-members

DEPOSIT FOR 8 WEEK SESSION:

A \$50 non-refundable deposit is due at registration. Final payment of the remaining balance is due by the first class.

CANCELLATIONS:

Cancellations less than 5 days before class will not receive a refund. There are no refunds for no-shows. If SLNC cancels, full refund issued.

REGISTRATION (circle one):

Full 8 Week Session

Individual Classes (circle all classes that apply):

Week 1 (9/18/19): The Fall Equinox

Week 2 (9/25/19): Solar Energy and Earth

Week 3 (10/2/19): Waterway Clean-up

Week 4 (10/9/19): Freshwater vs. Saltwater

Week 5 (10/16/19): All about Earthships

Week 6 (10/23/19): Trees in the Fall

Week 7 (10/30/19): Preparing for Winter: Animals

Week 8 (11/6/19): Fire Building

Total Fee(s) Due:

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I have read all of the above policies and information about cancellations, refunds, and payment. I agree to pay the total fee listed above before the first day of class each week.

Parent/Guardian Signature: _____ **Date:** _____