



Play in the Wild!
 Initiations into Nonviolence
 for Youth, Families, & Educators



Baba Tree International, P.O. Box 46, Jeffersonville, VT 05464 USA
 +1 802-858-6489 • info@playinthewild.org • www.playinthewild.org

Basic Information

Child's full name : _____ Date of Birth : _____

Address : _____

Home Phone number : _____

Languages spoken, in order of fluency : _____

Parent/ Guardian's Name : _____

Second Parent/ Guardian's Name : _____

Parent/ Guardians' languages spoken, in order of fluency: _____

Phone number to call for registration follow-up: _____

Best days and times to reach you for a 20-minute call: _____

Email address: _____

Have you or your child attended Play in the Wild! or TEMBA Summer Camps before? YES / NO

Which ones? _____

Having read everything on the Play in the Wild! website, what excites you about having your child attend Wild! Kids

Camp? _____

Having read everything on the Play in the Wild! website, what do you think will challenge your child about attending Wild!

Kids Camp? _____

How did you hear about us? _____

Which Wild! Kids Camp are you signing up for?

- Enchanted Earth/Sacred Sky (July 8-12)
- Wondrous Water/Fantastical Fire (July 15-19)

- Both weeks of camp (July 8 to 12 AND July 15 to 19)



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Health Form

Participant's full name : _____

Emergency Contact Person's Name : _____ day phone number : _____

Relationship to participant: _____

Second Emergency Contact's Name : _____ day phone number : _____

Relationship to participant: _____

Medicare or Insurance Number : _____

Family Doctor : _____

Telephone Number of Family Doctor : _____

For USA participants only: (Please attach a copy of the front and back of your insurance card.) Insurance company: _____

Phone number: _____

Participant's insurance policy number: _____

PARTICIPANTS' STATE OF HEALTH :

<u>Does the participant have:</u>	YES	NO
Asthma		
Heart trouble		
Epilepsy		
Diabetes		
Hemophilia		
A physical handicap		
Frequent ear infections		
Hepatitis A, B or C		
Dizziness\Fainting		
Gastrointestinal issues		
Urinary tract issues		
Skin problems		
Others : _____		



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Please explain any checked items : _____

Any specific activities to be encouraged or limited by a physician's advice: _____

ALLERGIES : Please list any foods, drugs, plants or animals that cause allergic reaction :

Bee sting _____ Food _____ Drugs _____ Other _____

Describe the last reaction they had in detail (What kind of exposure set it off and, if necessary, when to treat with antihistamine and when to use epinephrine. Please send 2 Epi-pens with participant.) :

ASTHMA: If your child has asthma:

Has he/ she had a serious episode within the last year? **YES / NO** If yes, how many times? _____

If yes, what were the signs and symptoms? And what was the cause? And how was it treated? _____

PRESCRIPTION MEDICATIONS:

Medication: _____ Reason: _____

DIET RESTRICTIONS: _____

I confirm that all of the above health form information is furnished by me and is true and correct to the best of my knowledge.

Signature of Parent or Legal Guardian of Participant

Date



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Waiver and Understanding of Risks

I, _____ (legal guardian or parent's name) the undersigned, clearly understand that _____ (participant's full name) taking part in the Play in the Wild! Kids Camp - July 8th to 12th, 2019 and July 15th to 19th, 2019 at Wild! Heart Refuge in Jeffersonville, Vermont, USA, exposes me/my child or pupil to some risks (up to and including, but not limited to, injury or death). I have been so informed by Catherine Cadden (if not before, then now through this form) and have taken the opportunity to have all my questions and concerns answered to my satisfaction. With full knowledge of the risks, I still choose/allow myself/my child or pupil to take part in this program. I hereby accept the risks of injury or death involved in my/my child or pupil's participation in the Wild! Kids Camp.

In consideration of the participation of _____ (print name of participant) (hereinafter referred to as the "Participant"), in the Wild! Kids Camp, I, as parent or guardian of the Participant, DO HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Catherine Cadden, Jesse Wiens, Baba Tree International, Play in the Wild!, or their representatives, directors, officers, employees, animators, or agents and each of them herein are released and discharged from any liability to the undersigned and the Participant, and their respective representatives, assigns, heirs, executors and next of kin for all losses or damages to the Participant during or in relation to its participation in the Wild! Kids Camp.

I do further authorize Catherine Cadden and/or Jesse Wiens, to consent on my behalf to any emergency medical treatment by a properly licensed person, which may be required for the Participant, and do agree to indemnify and hold harmless anyone giving such consent. I, parent or guardian, understand I will be notified immediately of any decision for emergency transport for medical treatment.

I do further agree that any photos or film footage or sound recordings of the "Participant" become the property of Play in the Wild! to be utilized at their discretion for use in advertising in print or on the internet. I can ask at anytime to not have my or my child's photo or a recording of my image or my child's image taken while at camp and that will be upheld and respected.

I acknowledge and declare that I have been given sufficient time and opportunity to understand the terms of this Waiver and Understanding of Risks, and that I fully understand such terms and agree to be bound by them. I have expressly requested that this document and all documents related thereto be drafted in English and/or the language I can best understand and comprehend what it is that I am signing. J'ai expressément requis que la présente Renonciation et reconnaissance des risques et tous les documents y afférents soient rédigés en langue anglaise. This document also constitutes a transaction pursuant to the *Civil Code of Québec*.

 Signature of Participant's parent or guardian

 Printed Name (in block letters)

 Signature of Participant

 Printed Name (in block letters)

 Date



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Tuition

OPTION I:

I am making my \$385 payment by:

- enclosed check to Baba Tree International** **credit card** (include 3.9% charge for credit card)

OPTION II:

I am making an \$195 payment now by:

- enclosed check to Baba Tree International** **credit card** (include 3.9% charge for credit card)
and I plan to make my final payment of \$190 before July 1st by:
 enclosed check to Baba Tree International **credit card** (include 3.9% charge for credit card)

OPTION III:

I am making a \$50 deposit now by:

- enclosed check to Baba Tree International** **credit card** (include 3.9% charge for credit card)
and I plan to make my second payment of \$185 before June 1st by:
enclosed check to Baba Tree International **credit card** (include 3.9% charge for credit card)
and I plan to make my third payment of \$150 before July 1st by:
 enclosed check to Baba Tree International **credit card** (include 3.9% charge for credit card)

If you checked "credit card" for your first payment above, fill out the info below:

Cardholder's Name (First, Last): _____ Email: _____

Billing Address : _____

City, State\Province: _____ Zip\postal code: _____

Phone: _____

Credit card #: _____ Expiration Date: _____

Verification code (last 3 digits on back of MC/Visa, or 4 digits on front of AmEx): _____

I, _____, hereby authorize Baba Tree International to charge my credit card account in the amount of \$_____. I am aware that I will receive a receipt by email or post and that this receipt will act as my record of this transaction.

If you checked "enclosed check" for your first payment above, make the check out to "Baba Tree International".

Mail these completed registration forms to:

Baba Tree International
P.O. Box 46
Jeffersonville, Vermont 05464 USA