

Outdoor Adventure Program Registration

Registration

Please complete and sign Registration form.

Complete one registration form **per participant**.

Payment

Full payment is due upon registration. Please return payment with completed Payment Information form.

Fees are **nonrefundable** unless medical illness, with doctor confirmation, prevents participant from attending.

Return registration and payment to:

Outdoor Adventure Program
915 Hackberry Dr NW
Cleveland, TN 37311
615-653-5216

Confirmation

Confirmation will be emailed or mailed to parent/guardian along with details about attending program.

Participants should dress for the weather each day and be prepared for outdoor activities that include getting wet and hiking. Participants should bring a lunch, water bottle and a snack or two each day. -All Electronics should stay home or always put away.

Participant Registration

Please indicate each session you are registering for:

Program Dates	Program	Cost
June 25-29 9a-4p Ages 5-12	Fletcher Park Adventure	\$280
July 16-20 9a-4p Ages 13-17	Teen Travel Adventure	\$380

Participant Name: _____

Female _____ Male _____

Age _____ Date of Birth: _____

Name of Parents/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email address: _____

Emergency Contact: _____

Phone number(s): _____

Photo Release

I hereby consent to and authorize Outdoor Adventure Program to use and reproduce photographs or film footage taken of _____ (**participant name**) for editorial, trade or advertising purposes.

Parent/Guardian Signature

Date

Medical & Health Information

_____ (**Participant Name**) has been examined by a licensed physician within the past year or has been examined in a clinic or is enrolled in an on-going

health program. My child is physically able to take part in the programs provided by the Outdoor Adventure Program.

I understand that in the event of a severe emergency, 911 will be called to provide medical care and transport to an emergency medical facility. The Outdoor Adventure Program, its staff and volunteers, are not authorized to transport victims of emergency or illness to any medical facility while attending any programs.

Parent/Guardian Signature

Date

Allergies

_____ No known allergies _____ Food _____ Outdoor Environment _____ Other

Describe allergy and reaction:

Restrictions or adaptation

_____ Without restrictions _____ With the following restrictions or adaptation:

Medications: Check One

This participant DOESN'T take medication _____

This participant DOES take medication _____

Name of Medication(s):

Include with medications the prescription and directions to administer.

How often to administer? (circle one) As needed As prescribed

I hereby authorize the staff of the Outdoor Adventure Program to administer the above medications to my child as instructed on the prescription label.

Parent/Guardian Signature

Date

Tell us about your child! Information will be used to help your child have a great adventure experience. All information will remain confidential. Are there any special considerations

necessary that will help staff members connect with your child to have a safe and successful experience (health/emotions/behaviors)?

How did you hear about Outdoor Adventure Program? (circle one)

Print Advertising *Word of Mouth* *Website* *Other:* _____

Pick-Up Authorization Release

I hereby authorize the following person(s) to pick up _____ (**participant name**). Participants will only be released to person(s) listed below and emergency contact listed on page 1. **Licensing requires mandatory photo identification when picking up participants.**

Parent/Guardian Signature

Date

Liability Release

I release the Outdoor Adventure Program volunteers, staff, and agents from all liability for personal injury, death, or any other loss, or damage incurred by myself or _____ (**participant's name**) during, or as a result of participation in the Outdoor Adventure Program events and programs.

Parent/Guardian Signature

Date

Program Payment Information

Method of Payment

Cash _____ Check _____ Credit Card _____

Credit Card Information:

Card number _____ Expiration date:

Security Code: _____ (3 digit code on the back of card)

Cardholder's name :

Cardholder's Billing Address:

Cardholder's signature _____