

# Registration Form

**Nature in Action**  
**Blandford Nature Center**  
1715 Hillburn NW, Grand Rapids, MI 49504  
(616) 735-6240

Please check boxes for sessions you wish to attend:

**Check here to attend all 7 sessions**

Falling Leaves, October 18

Wacky Weather, March 21

Great Geology! November 15

Our Planet, Our Home, April 18

Awesome Animals, January 17

Incredible Insects, May 16

Simple Machines, February 21

Preferred Session Time:

Morning 10:00 - 11:30 am

Afternoon 1:00-2:30 pm

**Each session is \$8.00 per student. Save 10% off the registration cost with your Blandford Membership OR by signing up for the complete series by 9/17/10. Participation in the Youth Volunteer Group is free, of course.**

Total # sessions: \_\_\_\_\_ x \$8.00 = Amount per child: \$ \_\_\_\_\_

Total # children: \_\_\_\_\_ x amount per child = Subtotal: \$ \_\_\_\_\_

10% discount for (check one) - \$ \_\_\_\_\_

full-year, early registration (September 17)

Member

**TOTAL DUE: \$ \_\_\_\_\_**

Checks should be made payable to **Blandford Nature Center** Check # \_\_\_\_\_

**Credit Card payment:** Master Card / Visa

Cardholder Name \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_/\_\_\_\_

Credit Card Number \_\_\_\_\_ 3 Digit Code (back of Card) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Please fill out both sides of this form and send in with your payment.

# Student Information

## CONTACT INFORMATION

**Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email: \_\_\_\_\_ Able to help chaperone?  Yes  No

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

.....  
Child's Full Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F

Age Level:  Acorns 4-6 yrs  Sprouts 7-9 yrs  Mighty Oaks 10-12 yrs  Youth Vol. 13+

Allergies/Medical Conditions \_\_\_\_\_

.....  
Child's Full Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F

Age Level:  Acorns 4-6 yrs  Sprouts 7-9 yrs  Mighty Oaks 10-12 yrs  Youth Vol. 13+

Allergies/Medical Conditions \_\_\_\_\_

.....  
Child's Full Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F

Age Level:  Acorns 4-6 yrs  Sprouts 7-9 yrs  Mighty Oaks 10-12 yrs  Youth Vol. 13+

Allergies/Medical Conditions \_\_\_\_\_

## STATEMENT OF CONSENT & RELEASE OF LIABILITY

I authorize Blandford Nature Center to arrange necessary emergency medical treatment in the event that I cannot be reached. I personally assume responsibility for any costs of care not covered by insurance.

Parent/Guardian Name (printed) \_\_\_\_\_

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

### Photo Waiver

Your signature below indicates your consent to allow Blandford Nature Center to use any photographs of your child for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Transportation Waiver

**I authorize the following individual(s) to pick up my child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_