

Student Information Form

CONTACT INFORMATION

Parent/Guardian _____
Address _____ City _____ St _____ Zip _____
Primary Phone _____ Alt. Phone _____
Email _____ Able to help chaperone? ____ Yes ____ No
Emergency Contact Name _____ Phone _____

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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 _____

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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 _____

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