



# Dancing Sol, LLC

Nature Education and Early Childhood Program

www.DancingSol.com

(541) 505-WHEE(9433)

896 Sundance Street, Eugene, OR 97405

## Nature Camp Registration

**Instructions:** Parent or legal guardian should complete *one form for each child* attending summer camps.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Youth T-shirt Size:  XS (4-5)     S (6-8)     M (10-12)     L (14-16)     XL (16+)

Parent(s)/Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

✓	Nature Camp Dates	Class Time	Tuition	Total
	<b>June 29-July 3</b> <i>Red-tailed Hawks (4-5 year olds)</i>	9:00-1:00	\$110	
	<b>June 29-July 3</b> <i>Coyotes (6-8 year olds)</i>	9:00-3:00	\$165	
	<b>July 6-July 10</b> <i>Red-tailed Hawks (4-5 year olds)</i>	9:00-1:00	\$110	
	<b>July 6-July 10</b> <i>Coyotes (6-8 year olds)</i>	9:00-3:00	\$165	
	<b>July 13-July 17</b> <i>Red-tailed Hawks (4-5 year olds)</i>	9:00-1:00	\$110	
	<b>July 13-July 17</b> <i>Coyotes (6-8 year olds)</i>	9:00-3:00	\$165	
	<b>July 27-July 31</b> <i>Red-tailed Hawks (4-5 year olds)</i>	9:00-1:00	\$110	
	<b>July 27-July 31</b> <i>Coyotes (6-8 year olds)</i>	9:00-3:00	\$165	
	<b>August 3-August 7</b> <i>Red-tailed Hawks (4-5 year olds)</i>	9:00-1:00	\$110	
	<b>August 3-August 7</b> <i>Coyotes (6-8 year olds)</i>	9:00-3:00	\$165	
<b>SUBTOTAL</b>				\$
<b>5% discount</b> off subtotal if registered for 2 or more camps				(\$ _____)
<b>TOTAL DUE</b>				\$
\$40 non-refundable deposit required to hold space, per week of camp. Make checks payable to Dancing Sol. <b>AMOUNT ENCLOSED</b>				\$
<b>(Balance due must be received before first day of camp) BALANCE DUE</b>				\$

*Thank you!*

Contact information of other persons to whom the child can be released: *(we will release your child only to those listed on this form)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Does your child have any medical conditions or allergies?*(please describe)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else that would be helpful to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHOTO RELEASE:** By signing at the bottom of this form I hereby grant free permission for Dancing Sol, LLC to use images of my child participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media. [\_\_\_\_] No, I do not wish to grant a photo release. *(Please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)*

**RELEASE, INDEMNIFICATION AND WAIVER FORM: (Please read this carefully.)**

I, the undersigned, hereby acknowledge and fully understand that certain elements of danger are inherent in the activities of Dancing Sol, LLC. I hereby agree to assume those risks on behalf of my minor child and to hold harmless Dancing Sol and it's agents. I release any and all claims for damages and losses suffered by me or my child as a result of said participation against Dancing Sol and any officers or agents thereof.

In the event that my child requires immediate medical attention while participating in this program, I hereby grant permission to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

I have read and understand the terms and conditions of this Release, Indemnification, and Waiver and I agree to subscribe to them.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

*We want to help others know about our programs. Please tell us how you first heard of Dancing Sol:*

*Flyer*    *Website*    *Advertisement*    *Friend*    *Other:* \_\_\_\_\_

**Please mail this form with payment to: Dancing Sol, 896 Sundance Street, Eugene, OR 97405.**