

## Sequoia's Farm and Forest School Enrollment Form

Address Mother Mother Parent/Guardian Name Home Address Employed by Parent/Guardian Name Home Address Employed by Employed by EMERGENCY CONTACT (NON-PARENT Name Address _	AgeBirth date
Child lives with Mother Parent/Guardian Name Home Address Employed by Parent/Guardian Name Home Address Employed by  EMERGENCY CONTACT (NON-PARENT Name Address Address Address	
Parent/Guardian Name  Home Address  Employed by  Parent/Guardian Name  Home Address  Employed by  EMERGENCY CONTACT (NON-PARENT Name  Address  Name  Address	CityZip
Home Address Employed by  Parent/Guardian Name Home Address Employed by  EMERGENCY CONTACT (NON-PARENT Name Address Name Address	CityZip
Home Address Employed by  Parent/Guardian Name Home Address Employed by  EMERGENCY CONTACT (NON-PARENT Name Address Name Address	CityZip
Parent/Guardian Name  Home Address  Employed by  EMERGENCY CONTACT (NON-PARENT Name  Address  Name  Address	CityZip Work/Cell Phone IT/GUARDIAN)  PhoneRelationship to child
Home Address Employed by  EMERGENCY CONTACT (NON-PARENT Name Address Name Address	CityZip
Employed by  EMERGENCY CONTACT (NON-PARENT Name Address Address Address	Work/Cell Phone  IT/GUARDIAN)  Phone  Relationship to child
EMERGENCY CONTACT (NON-PARENT Name Address Address Address	IT/GUARDIAN) Phone Relationship to child
Name Address Address	Phone Relationship to child
Address Name Address	Relationship to child
Name Address	
Address	Phone
	Relationship to child
List all persons authorized to pick up child	ild ( <b>including</b> parents/guardians)
Name Phon	neRelationship to child
Address	CityZip
Name Phon	neRelationship to child
Address	CityZip
Name Phon	neRelationship to child
Address	CityZip
Name Phon	neRelationship to child
Address	CityZip
Child's Physician	PhoneDate of Last Physical
Child's Dentist	PhoneDate of Last Dental Exam
Medical Insurance Company	
Special Circumstances of child (allergies	es, medication, physical restrictions, behavior trends,
special accommodations, etc. SHOUL	

## PARENT/GUARDIAN AUTHORIZATION

YOUR CHILD'S PARTICIPATION IN Sequoia's Farm and Forest School IS CONDITIONED UPON YOUR COMPLETION AND SIGNING OF THIS AUTHORIZATION. PLEASE READ IT CAREFULLY AND RETURN TO Sequoia's Farm and Forest School AFTER YOU SIGN IT.

Child's Name
<b>Acknowledgment and Permission.</b> I recognize that participation in Sequoia's Farm and Forest School activities, programs and field trips and the use of Sequoia's Farm and Forest School facilities will involve potentially hazardous activities and strenuous exercise including, but not limited to, walking, running, jumping, climbing, swimming, and using equipment. I acknowledge that any or all of these types of activities could lead to serious injury and death. I hereby give my permission for my child to participate in all Sequoia Farm and Forest School activities and programs.
<b>Medical Treatment.</b> I hereby give my permission for Sequoia's Farm and Forest School staff members to give my child emergency treatment including, but not limited to, first aid and CPR. I also give my permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment. In the event I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I waive my right of informed consent to such treatment.
<b>INITIAL Publicity Permission</b> : By initialing this section, I hereby give my permission for my child's picture to be used, without consideration of any kind, in publications or displays produced by or on behalf of Sequoia's Farm and Forest School and/or media coverage of Sequoia's Farm and Forest School activities.
<b>INITIAL Sunscreen Application</b> : By initialing this section, I acknowledge that my child has no allergies or negative reactions to sunscreen and I hereby give my permission for members of the Sequoia's Farm and Forest School staff to apply sunscreen to my child. If I do not initial this section, I acknowledge that many Sequoia's Farm and Forest School activities take place outdoors, that my child will be exposed to sunshine, and that lack of sunscreen can put my child at risk of personal injury.
<b>Waiver &amp; Release of Liability.</b> I acknowledge and assume all of the risks inherent in the activities described in this document and I hereby release and agree to hold harmless Sequoia's Farm and Forest School, LLC., its agents, employees, owners, and directors from all claims for injury, death, property damage and expenses, including attorneys' fees, caused by or arising from my child's participation in Sequoia's Farm and Forest School programs and use of Sequoia's Farm and Forest School facilities.
I certify (or declare) that I am a parent or legal guardian of the above-named child and that I have authority to authorize the activities and actions, and to make the statements, waivers and releases, described above.
SIGNATURE OF PARENT/GUARDIAN DATE SIGNED