

Wild-Connections



Butterfly Farm & Nature Center

Thank you for your inquiry into our children's programs.

Attached you will find a registration form and a medical release form. We need both forms filled out completely and returned to us with your deposit before we can hold your place in any of our programs.

Your registration will be confirmed via email. In addition, you will receive information concerning the "particulars" of the program closer to the starting date.

Feel free to copy the registration forms for other families and friends. If you have questions, please call or email Julie. We look forward to sharing the great outdoors with you and your family!

Julie Goodin

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(512) 3001-5553
www.wild-connections.com

10802 Kit Carson Drive
Austin, TX 78737

info@wild-connections.com ♦ (512) 301-5553 ♦ www.wild-connections.com

Wild-Connections

MEDICAL INFORMATION AND RELEASE FORM

Participant's name _____ Age _____ DOB _____

Program Name _____

Mother's/Guardian's Name _____ Hm ph# _____ Work/cell ph# _____

Father's/Guardian's Name _____ Hm ph# _____ Work/cell ph# _____

Home Address _____ Email _____

In case of emergency, contact _____ Ph# _____

Doctor's Name: _____ Dr's ph# _____

The staff at Wild-Connections takes every precaution to make each program as safe as possible. Please fill out the following information as additional protection for your child. *If you answer yes to any of these questions, please elaborate.*

1. Does your child wear glasses or contacts?
2. Does your child have any physical condition that could restrict activities?
3. Does your child have any special needs of which we should be aware?
4. Is your child on any medication or under any doctor's orders?
5. Does your child have lice?
6. Does your child attend public school?
If no, does your child have all current immunizations?
7. Allergies: food (please list)
 drugs (please list)
 insect stings (please list)
 Poison Ivy
 hay fever
 asthma

In consideration of Participant being allowed to take part in the registered class(es) or program(s), the undersigned hereby releases *Wild-Connections*, its employees and agents, from any action, claims, or demand for personal injury or property loss arising from or due to any negligent act or omission of *Wild-Connections*, its agents or employees. Further, this waiver and release shall extend to and release Mark and Julie Goodin, property owners, from any and all liability aforesaid. Permission is given for any emergency medical treatment, operation, or anesthesia that might become necessary. I agree to be responsible for all expenses of medical treatment or service.

I do hereby acknowledge that my child may be photographed by *Wild-Connections* during programs sponsored by said agency and its facilities and do hereby consent to use of these photographs by said agency and its facilities for promotional purposes and displays.

I understand that some activities carry inherent hazards and are physically strenuous.

PARENT/GUARDIAN: _____ Date: _____

Wild-Connections

PROGRAM REGISTRATION

For office use:

Medical Release received

Deposit received

Balance due: _____

Participant's name _____ Age _____ DOB _____

Mother's/Guardian Name _____ Hm ph# _____ Work/cell ph# _____

Father's/Guardian Name _____ Hm ph# _____ Work/cell ph# _____

Home Address _____ Email _____

Program/s: (please check all that apply)

Extreme Gardening & Exploring
Thursdays 10:00 A.M. to 12:00 Noon
\$130.00
ages 6+

Amazing Spiders! And more...
Fridays 10:00 A.M. to 12:00 Noon
\$130.00
ages 6+

Program Policies:

★**Deposit:** All programs require a \$50 non-refundable deposit received **two weeks prior to program start date**. Deposits must be in the form of cash or personal check.

★**Tuition:** The unpaid balance of all programs is due on the first day of the program start date. There is a 10% discount for siblings participating in the same program. Tuition is payable via cash, personal check, Visa, or MC.

★**Refunds:** Request for class tuition refunds must be received no later than the beginning of the second class day. Class tuition may then be refunded less the deposit.

★**Confirmation:** You will be notified once we have received your completed registration packet (registration form and medical release) and deposit. We will send you program details and a location map at that time.

★**Cancellation Policy:** Deposits are non-refundable; however, deposit money may be applied toward a future program if notification of Participant withdrawal is received **10 days in advance of program start date**. In the event that minimum enrollments are not met, Wild-Connections reserves the right to cancel or reschedule programs. If this occurs with a program for which you are registered, your entire deposit will be refunded, unless you would like to choose another program.

★**Age Limits:** Children *must* be the specified age for a program prior to program start date.

I have read and understand the above **Program Policies**.

PARENT/GUARDIAN: _____ Date: _____

Please return to:

Wild-Connections ♦ 10802 Kit Carson Drive ♦ Austin, TX 78737 ♦ (512) 301-5553