

Tamakoce Wilderness Programs

Registration Form

Online Classes

Child's name _____ Age ____ Birth Date _____ Sex _____

Address _____

Parent/Guardian _____

Phone (H) _____ (C) _____

Email _____

Email to be used for this course _____

This is an 8 week course. You choose the tuition amount that works best for your family. Your generosity is greatly appreciated.

Sliding scale : 160.00 - 225.00

Tuition amount you will be paying _____

Deposit/ Refund Policy

A **50.00**, non-refundable, deposit is required to reserve a spot in any class.

Refund policy: Two weeks notice, prior to the beginning of class, must be given to receive a full refund (minus the **50.00** deposit). Cancellations caused by Tamakoce Wilderness Programs will also be subject to proportional refund or re-scheduling of missed classes. Any cancellations due to the family's request after the two week prior point, will **not** be refunded.

By registering for this program I understand that I am reserving a spot for my child therefore committing to their attendance and payment in full before the start of the program unless other arrangements are made for payment with Tamakoce Wilderness Programs. **(Initial)** _____

Any environmental allergies(bee stings, hayfever, etc), medications, medical conditions or disabilities?

Food Allergies:

Please circle one:

I **do/ do not** - authorize the staff of Tamakoce Wilderness Programs to give my child Benadryl in the event of an unforeseen allergic reaction to bee sting, food, or environment. I understand that the proper dosage will be given and that I will be notified of said use.

I **do/ do not** - give permission to Tamakoce Wilderness Programs to use any photographs of my child, taken during class time, for promotional purposes.

Parent/Guardian signature _____

Date _____

A Word About Safety:

We do our best to ensure a fun and safe play and learning environment. However, since we are playing in the woods, waters and on the rough terrain of the forest, all day long, minor cuts, injuries and very dirty clothing may occur from time to time. Please keep this in mind.

Liability Agreement:

I agree that taking part in this program has inherent risk of minor injury and or discomfort that I am willing to accept. I release Dan Yacobellis, Tamakoce Wilderness Programs and any other instructor/employee thereof from responsibility for any such injuries that may occur from participation in this program such as but not limited to, scratches and cuts from twigs, branches, thorns. Blisters, sore feet/leg joints, twisted/sprained or broken bones caused by uneven terrain or slippery surfaces, exposure to the elements, dehydration.

I also certify that I am of good and sound health and have no health or physical limitations that would put myself at risk or inhibit me from participating fully in this program such as those related to but not limited to: heart disease, diabetes, asthma, mental illness, artificial limbs, etc.

Signature _____

Date _____

If you have any of the conditions listed above, please describe below and consult with your doctor before registering for this class.

Send Registration and Payment to:

Tamakoce Wilderness Programs
95 Crandall Rd
Petersburgh, NY 12138

Dan's Cell# for contact in the field- 518-928-7897