



**FIND US OUTSIDE NATURE IMMERSION PROGRAM
APPLICATION FOR ENROLLMENT**

Child's name _____ **Date of Birth** _____

Parent 1 name _____

Home address _____

Cell number _____ Email address _____

Parent 2 name _____

Home address _____

Cell number _____ Email address _____

Child's Physician _____ **Phone number** _____

Known medical conditions, allergies or dietary restrictions:

If either parent cannot be reached, the following person(s) are authorized to be contacted in case of illness, accident or emergency:

Name	<u>Relationship</u>	Cell Phone
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Liability Waiver: I understand that this school operates entirely outdoors and that there are risks which naturally occur whenever children are playing outside. I release Find Us Outside Nature Immersion Programs, its teachers, and its Board of Directors from any liability for injuries that might occur as a result of my child attending Find Us Outside. My child is in good physical health and I will provide appropriate clothing for the weather.

Parent/Legal Guardian signature and date: _____