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# Ruby Mountains 2020 Registration Form

Today's Date \_\_\_\_\_

## Personal Information

Name (legal name) \_\_\_\_\_

Preferred Name (if different) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address (if different from permanent) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**NOTE: Please read the Ruby Mountains Guidebook 2020 (link is on the website), before submitting this form.**

## Payment

### **\$325 – General Public**

**\$195 – Student Price** (you must be a current student of the Acorn School or NAIMH, or have graduated in any previous year to qualify for this discount. Please contact the school directly in order to get this discount.)

Payment is due in full at the time of registration. You can send a check or money order with this application, pay online or contact the school to set up a time to pay in person.

**Payment Amount:**  \$325  \$195

**How are you paying:**  Pay by Mail  Pay Online  Pay at the School

### **Payment Type:**

Personal Check  Money Order (Make payable to: *Acorn School of Herbal Medicine*)

Credit Card: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Online payment (go to <https://www.acornherbschool.com/ruby-mountains.html> to pay online)

## Health History

In the event of an accident or emergency resulting in your inability to communicate with us, we require some basic health and insurance information so that we can relay this information to medical professionals in order to treat you. All information submitted is kept confidential and will only be used in the case of an emergency.

## **Emergency Contact Information**

	Name	Relationship	Phone Number
1			
2			

<b>Insurance Information</b>	
<b>Primary Medical Insurance</b>	<b>Secondary Medical Insurance</b>
Insurance Company Name:	Insurance Company Name:
Policy Holder's Name:	Policy Holder's Name:
Policy Holder's ID Number:	Policy Holder's ID Number:
Policy Holder's Plan/Group Number:	Policy Holder's Plan/Group Number:
Policy Holder's Date of Birth:	Policy Holder's Date of Birth:
Policy Holder's Social Security Number:	Policy Holder's Social Security Number:

Do you have any allergies? Please list: \_\_\_\_\_

Do any of your allergies require the use of an Epi-Pen? If yes, please list: \_\_\_\_\_

List medical conditions you have been diagnosed with: \_\_\_\_\_

List current prescription medications you are taking: \_\_\_\_\_

Other comments: \_\_\_\_\_

**Consent for First Aid Treatment in the Field**

I, \_\_\_\_\_, hereby give my consent to be personally treated by Heather Luna Keasbey with herbal medicines for minor trauma and immediate medical assistance during our camping trip. Such treatment will be preliminary only and further medical treatment will be sought if necessary.

**Consent for Medical Treatment**

I, \_\_\_\_\_, hereby give my consent to be personally treated by: emergency medical personnel, a physician, or surgeon, and transported to the nearest medical facility/hospital in case of sudden illness or injury while on our camping trip. It is understood that Heather Luna Keasbey and/or the Acorn School of Herbal Medicine will provide no medical insurance for such treatment, and that any and all costs thereof will be at my expense.

***By signing the line below you are agreeing that all entries on this application are true and complete, and that you have read the Ruby Mountains Guidebook 2020.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_