



RIVER LEGACY
LIVING SCIENCE CENTER

Student Information

Child's Full Name _____ (_____)
Last First Middle name child goes by

Date of Birth _____ Male Female Child lives with Mom Dad Other _____

Is a language other than English spoken in the home? Yes No Specify _____

Current Age/Grade _____ School _____

Parent/Guardian Information

Parent/Guardian #1 _____ Mom Dad Other Cell _____

Address _____ City, State _____ Zip _____

Home Phone _____ Email _____ SS#(last 4 digits) _____

**Required for Nature School Security

Work Phone _____ Employer _____

Parent/Guardian #2 _____ Mom Dad Other Cell _____

Address _____ City, State _____ Zip _____

Home Phone _____ Email _____ SS#(last 4 digits) _____

**Required for Nature School Security

Work Phone _____ Employer _____

Child Wellness Information

Does your child have disabilities, special needs or illness that we should be aware of? Yes No Specify _____

Is your child allergic (stings, foods, medications)? Yes No Specify _____

Is your child asthmatic? Yes No Specify _____

Does your child see well? Yes No Specify _____

Does your child hear well? Yes No Specify _____

Form Continues

For Office Use Only

NS Class _____ Day _____ Start Date _____

AS HS Class _____ Club # _____ PNO Date _____

SC Session _____ Class _____ AM / PM

Session _____ Class _____ AM / PM

Authorizations

Who should be notified if we cannot reach you in case of sickness or accident?

Name	Address, City, Zip	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

My child has permission to leave with the following people (please include yourself and spouse, if applicable)

Name	Address, City, Zip	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Under no circumstances will any child be dismissed to anyone other than one of the adults listed above.
Please inform your child's teacher if you need to make changes to this list.**

Please initial below to signify your response to the following statements:

I have read the cancellation and refund policy(ies) included on River Legacy's online registration site for the program(s) that I am registering for and accept these terms.

_____ I agree (*initial*)

I give my permission for my child to be photographed or videotaped during program and class activities. I understand that these photos or videos may be used to promote River Legacy and its Education Programs.

_____ Yes _____ No (*initial*)

I give my permission for my child's name and address to be included on a class roster distributed to Nature School families in my child's class. I understand that River Legacy Foundation will not release this roster for general distribution.

_____ Yes _____ No _____ Not a Nature School student (*initial*)

Authorization for Participation and Medical Consent

I am the natural parent, guardian or managing conservator of _____, a minor. I hereby give my permission for my child to participate in all River Legacy program activities, including nature walks. In the event I cannot be personally contacted, I do hereby grant authority to River Legacy Foundation, its agents, officers, employees, representatives and volunteers to consent to medical treatment and transportation as necessary, if required by the minor child.

This authorization is for the purpose of securing benefits for the health and welfare of my minor child and expressly includes the authority to sign releases for physicians and hospitals or medical facilities, as selected by River Legacy Staff, who may render medical care and service. I assume liability for payment of all such professional treatment, care, drugs and other services for my minor child.

I agree to indemnify and hold harmless River Legacy Foundation, its agents, officers, employees, representatives, and volunteers from any and all responsibility owed to the child, the parent or their legal representatives, heirs and assigns from any and all claims, demands, actions, judgments, causes of action or damages that the parent or child ever had or may have, whether caused by the negligence of River Legacy Foundation, or their agents, officers, employees, representatives, or volunteers while the child is participating in the activities of River Legacy Foundation.

Name _____ Date _____

By typing your name above, you are authorizing your agreement to the terms of this statement.