Wild Earth Registration Form

Family Name(s) :

Best Phone :

Program Title Date First and Last Name Age Cost of

 Deposit:

 Total Enclosed:

Want to spread the cost ? please e mail us on info@wildearthproject.co.uk

Payment information:

Pay into my bank – Mr JNS Tidd

natwest bank

Account number : 80687059

Sort code : 600333

Reference : wildearthproject

You may use paypal also , pay to bluemoon\_johnny@yahoo.co.uk

How did u hear about us?......

 Emergency Contact Information 1) Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e mail : 2) Parent/Guardian Name Work Phone Cell Phone Email 3) Another Emergency Contact Relationship \_\_\_\_\_\_

Once You Are Registered Look for the Confirmation Email Upon receipt of your registration, you will receive a confirmation and important information packet with directions, equipment lists and more. You are not fully registered until we receive all parts of this registration. Please be sure you have completed the entire form and that each person, regardless of age, has a completed medical form page.

Thank you !

Medical Registration form:

Every person must fill in a completed form- make additional copies as needed.

 Name Date of Birth Gender: M F Dietary Needs: Omnivore Vegetarian Vegan Other:

Medical History Please list any: Allergies to Food(s): Allergies to Medication(s): Other Allergies:

Describe reaction and treatment of these allergies:

 Please check all that apply to the participant of which we should be aware:

Recent injury or illness Chronic or recurring illness/condition

 Diagnosed with ADD or ADHD

Emotional/psychological difficulties for which professional help was sought Other medical conditions

 Please explain all items that are checked or any other issues for which you would like us to be aware:

Prescribed Medications

 I have prescribed the following medications to (minor’s name) and hereby order that they be dispensed to the above minor by qualified staff of wild earth project

: Medication:

Dose Specific time(s) take each day or condition Medication:

Dose Specific time(s) take each day or condition

Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian’s Signature

Date:

Waiver form:Conditions of Participation

/Waiver RELEASE AND WAIVER OF LIABILITY:

In all programs conducted by Wild Earth project reasonable care is taken to prevent serious injuries and to minimize accidents. I am fully aware that survival, tracking, awareness and philosophy training, even under the safest conditions, has inherent dangers and I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of participation in any Wild Earth program. I hereby expressly release, discharge and hold harmless from any liability whatsoever, Wild Earth and all employees and volunteers in their capacity as representatives of Wild Earth,except for injuries caused intentionally, or by willful misconduct. PROPERTY LOSS: I understand Wild Earth is not responsible for a participant’s personal property that is lost, damaged or stolen during the course of a Wild Earth program. INSURANCE: I understand that it is my responsibility to provide for my own, and any other members of my family if applicable, accident and health coverage while participating in Wild Earth programs. COTEF does not provide any accident and health insurance for its participants. MEDICAL RELEASE: I authorize Wild Earth, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary and I cannot be contacted within a reasonable time or I am not otherwise able to give such consent. I authorize Wild Earth to give first aid, CPR or other treatment by a qualified staff member. PHOTOGRAPHS: I authorize COTEF to have and use photographs or video of my child/ren or myself as may be needed for its records or public relations projects. ACCEPTANCE: I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but on my heirs, administrators, executors, successors, and assigns. Signature of all adult participants and guardians of minor participants: Date Signature

Send completed registration packet to: e mail : info@wildearthproject .co.uk

Upon receipt you will receive email confirmation and a packet including directions to camp, equipment lists and other helpful information to help prepare for camp. If you have further questions, contact us at

info@wildearthproject.co.uk