

PNC Programs: Small Group Registration Form

You may use one form for multiple children.

Photocopies are acceptable.

Return form by:

Mail:

Placer Nature Center
3700 Christian Valley Road
Auburn, CA 95602

Email: programs@PlacerNatureCenter.org

Child's Name _____

Child's Age _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Email _____

Primary Phone (____) _____ Other Phone (____) _____

- \$10 per hour per child
- Small group programs have a 6 student minimum
- Programs can be scheduled any day of the week - please contact us to schedule yours!

Group Name (if applicable): _____

Program: _____

Date of program: _____

Time of program: _____

Please have your child bring a water bottle and wear closed-toed shoes.

Cancellations made less than 2 weeks prior to program date are charged a 25% cancellation fee. Rescheduling of the program may be permitted upon request at a reduced rate. Programs are delivered rain or shine.

Payment Info:

- My check/money order is enclosed, made out to PNC in the amount of \$_____
- PayPal (For PayPal payments please add the 2.2% service charge and send money to: programs@placernaturecenter.org)
PayPal Confirmation #: _____
- Venmo (send Venmo payments to @PlacerNatureCenter)
- Cash. I will bring cash day of program.

RELEASE & EMERGENCY MEDICAL FORM

I, the parent or guardian of _____ agree to have my child participate in Placer Nature Center's programs. I assume all risks to my child associated with the program held at the Placer Nature Center (PNC). The program may include hiking and other outdoor activities. All natural areas contain animals, poisonous plants as well as other hazards. I agree to hold harmless PNC, their Board of Directors, staff, any cosponsors or volunteers leading this activity, both personally and in their respective capacities, from and against all liability for accident or injury to my child or their belongings arising out of participation in the program. If my child should become sick or injured, and either of their parents cannot be contacted, a licensed physician has my permission to treat the sickness or injury. I also understand that if my child is unable to attend, I must request the partial refund within 72 hours of the start of the program.

Parent or Guardian Signature

Date

*Please note any allergies, physical limitations or special condition your child has that program leaders should be made aware of:

I AUTHORIZE I DO NOT AUTHORIZE photos of videos of my child to be used for promotional materials (press releases, brochures, newspaper articles) PNC may use in social media or send out to local media and schools.

In case I can not be reached, my child's Emergency Contact Person is (mandatory):

Name _____ Relationship to child _____

Primary Phone (____) _____ Other Phone (____) _____

PNC Staff Use Only

Date Received: ____/____/____ Initials _____ Paid Y/N? _____