

REGISTRATION FORM

Flowing River Resources
PO BOX 1702 Fair Oaks CA 95628
916-923-3828

Which program(s) are you completing this registration form for?

Student's Name: _____

Date of Birth ___ / ___ / ___

Today's Date: ___ / ___ / ___

What is the last grade your student completed? _____
Name, location, and phone number:

Parent/Legal Guardian's Name

#1:

Address: _____ City: _____ State: ___ Zip: _____

Home Phone #: _____ Work# _____ Cell: _____

E-mail address: _____

Parent/Legal Guardian's Name

#2

Address: _____ City: _____ State: ___ Zip: _____

Home Phone #: _____ Work# _____ Cell: _____

E-mail address: _____

Do you have other children? Please list their names & age below

Name _____ Date of Birth ___ / ___ / ___

Name _____ Date of Birth ___ / ___ / ___

Name _____ Date of Birth ___ / ___ / ___

Name _____ Date of Birth ___ / ___ / ___

Who has permission to pick up your student?

Name: _____ Relationship: _____

Home Phone: _____ Wk. Phone _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Home Phone: _____ Wk. Phone _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Home Phone: _____ Wk. Phone _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Home Phone: _____ Wk. Phone _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Health Physician's name: _____
Address: _____
Phone: _____
Cell _____ Other way to contact him or her: _____

Anything else we need to be aware of about your student?

Health challenge _____
Physical challenge _____
Dietary restrictions _____
Reactions to medications _____
Allergies _____
Learning style _____
Environmental sensitiveness _____
Other: _____

Insurance Information:

Company name: _____
Member policy #: _____
Policyholder's name: _____
Employer's name: _____

If my student is experiencing any of the following, I agree to keep him or her out of the classroom:

- Fever of any kind.
- Has thrown up in the last 24 hours or has diarrhea.
- Green or large amounts sinus discharge.
- Has a rash of any kind that is contagious or undiagnosed.
- Has ringworm, lice, and/or nits.
- Has a sore throat, eye infection, or earache.
- Has extremely low energy or other symptoms of not feeling well (i.e., headache, pale, no appetite, unusually cranky, etc.)

Parent/Guardian signature: _____ Date: _____

GENERAL LIABILITY RELEASE

The undersigned adult on behalf of their student agrees to hold **Flowing River Resources**, its employees, volunteers, and officials, while acting within the scope of their duties, harmless from all cause of actions, demands, and claims, including the cost of their defense arising in favor of the student participant on account of personal injuries, death, or damage to property arising out of activities at the premises and in any way connected with the activities of the student participating in **FRR program** except for those acts of commissions which are the sole negligence of **FRR**, it's employees, volunteers, and officials.

I hereby give permission that my student, _____, may have minor cuts or bruises, treated by any teacher, facilitator or volunteer of Flowing River Resources, with their best judgment, and be given emergency treatment by any teacher, facilitator or volunteer **FRR** at its given location.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my student by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my student's health. I waive my right of informed consent to such treatment. I also give my permission for my student to be transported by ambulance or aid care to an emergency center for treatment. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. __, my family, and I understand all of the policies, procedures and information provided in the registration materials, and release Flowing River Resources staff, parents or volunteers, from all liability. I give consent for my

student to be involved with all normal classroom activities. I understand that my student will be attending the **Flowing River Resources** at the location of: **4711 Star Road, Fair Oaks CA 95628, and the surrounding areas, with occasional field trips to local museums, community centers and parks.**

_____/_____/_____
Parent/guardian's signature Date

_____/_____/_____
Parent/guardian's signature Date

Address: _____
City _____ State _____ Zip _____
Telephone Number: (_____) - _____ - _____
Cell phone Number: _____

Thank you for taking the time to complete this registration form!