

SCHOOLHOUSE OF WONDER
Wilderness Skills Workshop Registration Form
September 16th & 17th, 2006

Please Type or Print Clearly

Name: _____ Female _____ Male _____

Date of Birth: _____

Street/P.O. Box Address _____

City, State & Zip Code _____

Telephone Numbers Home _____ Work _____

Email: _____

Emergency Contact _____ Relationship _____

Telephone Numbers: Home _____ Work _____

What do you hope to gain from this workshop? _____

Please list some of your outdoor experience and interests. _____

How did you hear about the Adult Wilderness Skills Workshop? _____

May Schoolhouse of Wonder have your release to use your picture in promotion? Yes___ No___

Please provide any physical, medical or emotional conditions you might have that might require our special attention. Please specify particular challenges you may have and associated medications or special needs. Please also note any dietary restrictions- vegetarian, vegan, non-dairy, allergies, etc. _____

Authorization for Emergency Medical Care:

Should an accident or emergency occur that requires me to receive medical care, I hereby give permission to the physician selected by Schoolhouse of Wonder staff to hospitalize and/or secure proper treatment for myself except as noted below. I agree to be liable for these noted exceptions.

Exceptions to Treatment/hospitalization:

Insurance Information:

Policy Holder's Name _____

Policy Number _____ Insurance Company _____

Printed Name

Signature

Date