

SESSION / WORKSHOP DATE: _____

ENROLLMENT FORM

NAME: _____ TELEPHONE: _____

ADDRESS: _____ ZIP: _____

SCHOOL: _____ GRADE LEVEL: _____

SPECIAL NEEDS: Dietary: _____

Medical: _____

Physical: _____

Other: _____

EMERGENCY CONTACT: _____

SPECIAL AREAS OF INTEREST YOU COULD SHARE: _____

MEDICAL RELEASE

We, the undersigned, do hereby authorize emergency treatment which is necessary in the opinion of attending personnel. If possible, notify our physician, _____, at telephone number: _____ prior to treatment.

NOTE AN ALLERGY TO: _____

Signature of adult participant: _____ Date: _____

Signature of parents or guardians: _____

Mother

Father

LIABILITY RELEASE

We, the undersigned, hereby release and agree to hold harmless, Treetops-in-the-Forest, A.L.E., co-sponsoring schools and organizations and their staff, volunteers, and board members, from any and all claims, demands, actions and causes of action, which a participant in the program may have as a result of this enrollment and/or transportation to and from the site.

Signature of adult participant: _____ Date: _____

Signature of parents or guardians: _____

MAIL TO: Treetops-in-the-Forest 809 East Coral Grand Prairie, Texas 75051-4154