



PCEI Palouse Roots Enrollment Form

General Participant Information

Participant Name: _____

Physical Home Address: _____

Date of birth: _____ Age: _____

Primary Contacts

Mother/Guardian 1 Name: _____

Home Address (if different from above): _____

Home Phone (if different from above): _____ Cell phone: _____

Email Address: _____ Work phone: _____

Occupation: _____ Place of Employment: _____

Father/Guardian 2 Name: _____

Home Address (if different from above): _____

Home Phone (if different from above): _____ Cell phone: _____

Email Address: _____ Work phone: _____

Occupation: _____ Place of Employment: _____

With whom does the child live?

Both ____ Mom ____ Dad ____ Guardian 1 ____ Guardian 2 ____ Other ____

Emergency Contacts if Parent(s)/Guardian(s) can't be reached

Name: _____ Address: _____

Relationship to child: _____ Phone number(s): _____

Name: _____ Address: _____

Relationship to child: _____ Phone number(s): _____

Person(s) Authorized to pick-up Participant (other than custodial parent/guardian)

Name: _____ Address: _____

Relationship to child: _____ Phone number(s): _____

Name: _____ Address: _____

Relationship to child: _____ Phone number(s): _____

If Emergency Medical Care Is Needed, Call:

Doctor: _____ Phone number: _____

Dentist: _____ Phone number: _____

Medical Insurance Company: _____

Group #: _____ ID#: _____

In case of injury or sudden illness incurred during school hours, I hereby give authority to any hospital or doctor to render immediate emergency aid as might be required for my child's health and safety. I understand that any expense for this service will be my responsibility.

Parent/Guardian signature: _____ Date: _____

Medication

Does the child take any medication we need to be aware of? If yes, please explain:

Additional Information

Allergies

To medication: _____

To food: _____

Other: _____

Special diet requirements: _____

Any additional medical information: _____

PCEI's Palouse Roots Enrollment Agreement

1. I understand that I am enrolling my child _____ in the Palouse-Clearwater Environmental Institute's (PCEI) Palouse Roots Nature School.
2. I understand that I am responsible for the entire fee, no later than the first day of each month. I understand that there will be no refunds for absences.
3. I will notify the Palouse Roots Coordinator if I will be late and otherwise will drop off my child no earlier than 9:00am at the PCEI Nature Center and will pick my child up by 1:00pm.
4. PCEI would like to take pictures of participants in action to share with parents, PCEI members, and outside sources. Please initial one of these statements:
____ I hereby consent that photographs taken of my child during school may be published in any publication including newsletters and websites and social media.
____ I do not give permission for my child's picture to be published in any PCEI or other publication.
5. If a medical emergency arises, PCEI staff will first attempt to contact me. If I cannot be reached, the staff will contact my child's doctor. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
6. Liability Release. Any participant in PCEI's activities or user of the PCEI's Palouse Nature Center ("Nature Center") recognizes that there are risks including, but not limited to, variations in terrain and surface conditions and falls.



Assumption of Risk. Any participant in PCEI activities or user of the Nature Center freely and expressly assumes all risks of personal and/or property damage which may be associated with and/or result from involvement in the activity or use and agrees to hold harmless, release, defend and indemnify PCEI of and from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by a participant or user while engaged in any PCEI activity or use of the Nature Center.

Release from Liability and Covenant Not to Sue. In consideration for being permitted to participate in PCEI activities and/or uses of the Nature Center, the participant or user agrees to forever discharge and release from any legal liability and to not sue PCEI for any injuries or property damage caused by or resulting from the activities or uses.

Indemnification PCEI shall be indemnified by a participant in PCEI activities or user of the Nature Center for any injury and/or damage to any other participant in PCEI activities or user of the Nature Center or to other persons caused by such participant or user as a result of participation in any PCEI activity or use of the Nature Center.

My signature below acknowledges that I have read and understood the above liability release and I am signing this instrument on behalf of my child.

I agree to adhere to the stated policies and procedures of the PCEI's Palouse Roots Nature School as stated here and in the enrollment form, and I give permission for my child to participate fully in this program.

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ Date: _____