



TERRA SUMMER REGISTRATION PACKET

PLEASE PRINT CLEARLY

IT IS IMPERATIVE THAT THIS INFORMATION BE ACCURATE AND COMPLETE. IF SOMETHING CHANGES BETWEEN THE TIME YOU SUBMIT THIS FORM AND THE BEGINNING OF TERRA SUMMER, PLEASE LET US KNOW!!

Student Information

Name _____

Birth date: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Email: _____
(city, state, zip)

Middle School: _____

Parent / Guardian Information

Name of Parent(s)/Guardian(s) with whom the student lives:

Name of Parent/Guardian who should be contacted in the case of an emergency (if different):

Contact Information for Parent/Guardian in Case of an Emergency:

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

Please provide the name of an Alternate Contact: _____

Relationship to Student: _____

Alternate Contact Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

Who will pick the student up on a regular basis?

Student T-Shirt Size: Child or Adult size? (Circle one)

Small Medium Large X-Large

TERRA SUMMER CONSENT, GENERAL RELEASE, AND INDEMNITY AGREEMENT

We, the undersigned, hereby make application to the Terra Summer program (referred to as Terra Summer). This program will include travel to program activities, and will begin on _____, 2011 and end on _____, 2011 (Session).

In consideration of the acceptance of such application and permission for the Participant to so participate, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned hereby jointly and severally agree to:

1. Release, discharge, exonerate and absolve the Terra School, Terra Summer, its officers, directors, owners, trustees, instructors, employees, agents, representatives, independent contractors, investors, successors and assigns from any and all responsibility for, and agree to indemnify each thereof against and hold them harmless from, any and all obligations, liabilities, claims, demands, costs and expense, including reasonable attorney's fees, arising out of or in any way connected, directly or indirectly, with any of the following:

A. Any and all claims of whatever kind and nature for injury, loss, damage, accident, delay, irregularity, or expense arising from the use of any vehicle or service, strikes, war, weather, sickness, quarantine, government restrictions or regulations, or from any act of omission of any common carrier, airline, watercraft, railroad, or bus;

B. Any intentional or unintentional injury or damage, whether or not resulting in death, to the Participant or the parents or guardian, whether caused by some third party or third person, or caused in whole or in part by the Participant, whether alone or together or in association with others, to any other person or persons;

C. Any intentional or unintentional damage or injury to property, whether personal, real or mixed, owned or used by or in the custody or possession of the Participant, whether caused by some third party or third person, or caused in whole or in part by the Participant, whether alone or together with or in association with others;

D. Any financial or other obligation incurred by the Participant during field trips led by Terra Summer; and

E. The taking, processing, publishing or otherwise lawful use of photographs and video of the Participant, either alone or with others, in any way deemed desirable by Terra Summer in its sole discretion; Terra being hereby granted full permission to so take and use photographs and video of the Participant.

2. The undersigned Participant and parents or guardian hereby consent and agree not to sue or bring suits or equitable action of any kind against the Terra School or Terra Summer or any of its officers, directors, owners, trustees, instructors, employees, agents, independent contractors, investors, representatives, successors and assigns for or in any matter covered by the foregoing consent, general release and indemnity agreement.

We, the undersigned, hereby certify that we each have read the (handbook, syllabus, descriptive literature, brochure) for this program. We understand that this program involves farming, working with farm tools, cooking, working with kitchen tools, including fire, knives, and other farm and cooking equipment, and agree without reservation to all the conditions of operation and department set forth therein.

In WITNESS WHEREOF, the undersigned have hereunto affixed their respective signatures this

_____ (day) of _____ (date), 2011

SIGNATURE OF STUDENT:

Print Name _____

SIGNATURE OF PARENT/GUARDIAN:

Print Name: _____

TERRA SUMMER CONFIDENTIAL PARTICIPANT MEDICAL FORM

DISCLOSURE

Terra Summer involves rigorous physical farming activities and cooking practices that expose children to heat, flames, and cooking utensils including knives. These are not optional activities; they are central to the Terra Summer curriculum. While children will be supervised, there is a risk which must be assumed by each Participant. He or she may suffer emotional or physical injury and disability.

Our policy for participation in all Terra Summer activities requires that every Participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting the programs so they are prepared to respond appropriately if necessary. The information will be held in confidence. Your participant medical form must be completed prior to participation in Terra Summer.

RELEASE FROM LIABILITY

I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to person and/or property that accompany my participation in Terra Summer activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activity or activities in which I will be participating, the risks associated with each activity, and my responsibility to know my own limits.

I, the undersigned, affirm that my health is good and that I am not under a physician's care for any condition not disclosed in writing to Terra Summer that bears upon my fitness, judgment or ability to participate in Terra Summer activities. Having chosen to participate in an activity and accepting full responsibility for my own choices, I hereby release Terra Summer, the Terra School, the Terra Project, its officers, directors, owners, trustees, instructors, employees, agents, representatives, independent contractors, investors, successors and assigns, and any and all other persons employed by Terra Summer and the Terra School or participating as instructors or counselors in these activities, from all liability for any type and degree of bodily injury, emotional injury or loss of property.

This release is binding upon my heirs, executors and assigns.

Name of student (please print) _____

Signature _____ Date _____

Name of parent/guardian (please print) _____

Signature _____ Date _____

Name of parent/guardian (please print) _____

Signature _____ Date _____

Name of Student: _____

Birth Date: _____

Address: _____
Street City/State Zip

Emergency Contact : _____

Home Phone: _____ Work Phone _____

Insurance Information: Do you have medical insurance? Yes____ No____

Name of Provider: _____ Group Number _____

Name of Holder: _____

Please complete the following information, and if the Yes block is checked, please provide additional information:

<u>Yes</u>	<u>No</u>	
___	___	Have you obtained all required and recommended immunizations? Please list those obtained: _____ _____
___	___	Are you under treatment for any illness or condition? If yes, please describe: _____
___	___	Do you have any disabilities? _____
___	___	Do you have a history of respiratory problems? If yes, do you carry an inhaler? _____
___	___	Do you have any allergies?

Please list: _____
 Do you have any **FOOD** allergies?
 Please list: _____
 Are you allergic to insect bites or bee stings?
 If yes, do you carry an epipen? Yes ___ No ___
 Do you have any back problems?
 Please describe: _____
 Have you had any dislocation or broken bones?
 If yes, please explain (include year) _____
 Has your doctor told you to limit your activity in any way?
 Please explain: _____
 Do you have any **other health or medical** issues of which we should be aware? Please explain: _____

Are you able to fully participate in Terra Summer activities, including all cooking and farming activities? Yes No If no, please explain in detail:

There is no full-time medical staff at Terra Summer. There are staff members certified in CPR/First Aid and first-aid kits on site. However, in case of need for emergency medical treatment, 911 will be called.

Name of parent/guardian (please print) _____

Signature _____ Date _____

Witness Name (please print) _____

Witness Signature _____ Date _____

Thank you.
Terra Summer

PARENTAL MEDICATION ADMINISTRATION APPROVAL FORM

We recommend that if children need to take medications, they take them before or after the Terra Summer program hours. However, if it is absolutely necessary that your child take a medication during the hours of the Terra Summer program, we will administer it as a courtesy to you. Please provide a detailed list of all medications your child must take, including dosage and time of administration and any specific instructions you might have. You must attach a copy of the prescribing doctor's prescription for EACH medication.

Your signature at the bottom of the list signifies that you are authorizing administration of the drug to your child by Terra staff. Terra, its employees, administration, trustees, board and anyone else affiliated are not responsible for the medication's effects or side-effects.

Student name _____

Parent/Guardian name _____

Medication/dosage/time _____

Medication/dosage/time _____

Medication/dosage/time _____

Parent signature _____ Date _____

Thank you.
Terra Summer

COMPUTER AND INTERNET USAGE PARENTAL/GUARDIAN PERMISSION FORM

As a parent or guardian of (name of student),
I realize that my child will be participating in a summer program that uses laptop computers. Computers may have unrestricted Internet access. Telecommunications is an excellent way to explore educational topics, conduct research, and communicate with others. However, there may be material on the Internet that may not have educational value and may not be appropriate for persons under the age of 18. Though the coordinator/teacher/counselor for my child's summer program will monitor computer use, I recognize it is impossible for them to restrict access to all controversial material and will not hold them or Terra Summer responsible for materials acquired through the Terra Summer computer system. Each participant will be fully informed on the computer use rules, and any violation of these regulations may lead to loss of access, charges for damages, and if warranted, law enforcement involvement.

_____ I give permission for my child to have computer access at Terra Summer.

_____ I do not give permission for my child to have computer access at Terra Summer.

Name of parent/guardian (please print)

Signature: _____ Date _____

Thank you.
Terra Summer

TERRA SUMMER

Understanding of Student Behavior Guidelines

During my attendance at Terra Summer, I will comply with all rules and regulations. I understand that I may be removed from the Terra Summer program at the discretion of Terra Summer management if I engage in any the following activities: any criminal or unlawful act; causing damage to person and/or property; behaving in an irresponsible manner in any activity; wearing inappropriate dress; gambling; possessing inappropriate literature; acting in an intimidating or disrespectful manner; being disruptive in any activity or class; engaging in indecent or sexual behavior; using inappropriate language; using drugs and/or alcohol; and noncompliance with the rules and regulations of Terra Summer, or the directions of any of the personnel of same. A copy of the current rules and regulations will be provided to you on or prior to the first day of the program, and any update or revision to the rules shall be provided to you.

I understand the guidelines listed above.

Student name _____

Student signature _____ Date _____

Parent/guardian name _____

Parent signature _____ Date _____

Thank you,
Terra Summer

AUTHORIZED PERSONS LIST/ EMERGENCY CONTACT LIST

I, _____, (parent, guardian) of student

_____ authorize the following people to pick up my child from the Terra Summer program. I understand that I release Terra Summer, the Terra Project, its officers, directors, owners, trustees, instructors, employees, agents, representatives, independent contractors, investors, successors and assigns, and any and all other persons employed by Terra Summer and the Terra School or participating as instructors or counselors in these activities, from all liability for releasing my child to the individuals listed below.

I also understand that my child cannot be released to anyone who is NOT on this list. (You will be allowed to add people to this list at the start of the program if you forget someone.)

Signature _____ Date _____

PICK-UP LIST

Full Name _____

Relationship to student _____

Cell phone _____

Alternate phone _____

Full Name _____

Relationship to student _____

Cell phone _____

Alternate phone _____

Full Name _____

Relationship to student _____

Cell phone _____

Alternate phone _____

EMERGENCY CONTACTS

Please list any other people we should contact in case you or the people above do not show up to pick up your child or in case of any other emergency:

Name _____
Relationship to student _____
Cell phone _____
Alternate phone _____

Name _____
Relationship to student _____
Cell phone _____
Alternate phone _____

Name _____
Relationship to student _____
Cell phone _____
Alternate phone _____

Thank you.
Terra Summer

PHOTO/VIDEO RELEASE

Children at Terra Summer are routinely photographed and filmed by Terra Summer staff during Terra Summer activities for use on the Terra Summer and the Terra Project website and promotional materials for the program. The photos are property of Terra Summer and the Terra Project. I hereby agree for my child to be photographed during Terra Summer activities for use in promotional materials for the program and dissemination to parents and others involved in the program.

Name _____

Parent of _____

Signature _____ Date _____

Thank you.
Terra Summer

PAYMENT INFORMATION

The 2011 fee for a three-week session of Terra Summer is \$900; for the two-week session, \$600. If you are responsible for paying for the Terra Summer session (or any part of it), how do you intend to pay?

Check or cash lump sum _____ Check or cash weekly _____

ALL families regardless of scholarships are nonetheless required to pay a minimum of \$25, due at enrollment. This is a token to show your commitment to attend fully. We thank you for your commitment.

Name _____

Signature _____

Thank you.
Terra Summer

