

A Natural Branch of Learning (ANBL)

Participation Information Form

Date: _____

Name of child(ren) participating in ANBL program(s): _____

Name of parent(s)/guardian(s): _____

I/We, the undersigned, acknowledge that my/our child(ren) will be participating in one or more ANBL programs, and will be using the ANBL facilities in Washburn, WI, at our own risk. I/We have been advised of the physical, mental, social, and safety requirements of this experience. I/We on my/our own behalf, hereby release, discharge and indemnify ANBL, its director, board members, employees, agents, and all volunteer personnel from all liabilities for damage, injury, or illness to the participants or his/her property during his/her participation in any ANBL program or related event.

Further, if I/we are not present or available, I/we authorize the facilitators of the ANBL team on my/our behalf to take any necessary measures in an emergency situation and to arrange for emergency medical treatment by a licensed physician and hospital treatment as necessary for the participant(s).

SIGNATURE of at least one parent/guardian of the participant(s):

ANBL Mini-Branches Enrollment Form

To enroll your child or children, please complete this form and mail it to:

A Natural Branch of Learning (ANBL), Inc.
Box 705
Washburn, WI 54891

Program fees - \$100 for first child, age 2 to 5; \$50 for each additional child in the family, children in the family under two years, no charge.

Make checks payable to ANBL, Inc. and include with the application.

Parent/Guardian Name, Address, & phone:

(name) (address) (phone)

Children Enrolling:

(name) (age & date of birth)

(name) (age & date of birth)

(name) (age & date of birth)

Session:

Spring _____ Fall _____ Winter _____

Day of Week: (note: Spring 2017 sessions, Fridays only)

Please contact Dr. Judith Peyton, Director, ANBL
715-373-0688 or branch41@centurytel.net if you have questions.

Emergency Contact Form

Date _____

Your name _____ Your child's name & age _____

If your child is injured while at A Natural Branch of Learning, please list person(s) to contact in an emergency.

1st Person to contact: Name & Telephone # _____

2nd Person to contact (if necessary): Name & Telephone # _____

Medical Information

The name, telephone #, and address of your physician's office or clinic _____

Has your child ever had a reaction to a bee sting, other insect stings, or bites? _____ If yes, do you carry medication for this? _____ If not, what would you like us to do? _____

Does your child have any allergies? _____ If yes, what are they and how can we be helpful? _____

Do you give us permission to administer simple first aid in the event of a small cut, abrasion, scratch, bump, sting, or bite? _____ Your preferences for treatment of a small injury? _____

Does your child have any health conditions that we should be aware of? _____

If so, please describe how we can be helpful: _____

Is your child gluten-intolerant? _____ If yes, how can we be helpful? _____

If there are other ways that we can support your child at ANBL, please describe in space below. Thanks!

Your signature & telephone # _____

Photography & Video Release and Consent Form

I hereby authorize any authorized employee of A Natural Branch of Learning (ANBL) to take photographs and/or videos of my child(ren) and/or me. I authorize ANBL to use and publish the same in print and/or electronically. I agree that they may use such photographs of me and/or my child(ren) for purposes such as publicity, advertising, website, social-media, and other educational content. These images will be used to help promote and convey the goals and nature of ANBL and the Mini-Branches program. Their intention is to portray children playing in ways that show their strengths, as we are a strengths-based empowerment program. I understand they may use the age(s) of my child(ren), but will not use the child(ren)'s name(s).

I have read and understand the above:

Signature: _____ Date: _____

Printed Name: _____

Relationship to Child(ren): _____

Signature: _____ Date: _____

Printed Name: _____

Relationship to Child(ren): _____

Signature: _____ Date: _____

Printed Name: _____

Relationship to Child(ren): _____

Name(s) and Age(s) of Minor Child(ren):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____