



Lake Erie Nature & Science Center Spring 2010 Registration Form

Member Spring-only School Year Class* Registration starts..... Saturday, February 6, 2010
 Non-member Spring-only School Year Class* Registration starts..... Tuesday, February 16, 2010

**School Year classes refers to Frogs & Polliwogs, Nature Nuts, Log Cabin Explorers and After School Adventures Club - All other Spring program registration is open and ongoing*

Guardian's Name (Last & First) _____

Address _____ City, State, Zip _____

Home Phone # _____ Cell Phone # _____

Membership # + Expiration Date _____ Email address _____

Yes, you may add my address to your email newsletter list.

Participant's Name (First and Last)	Age or "Adult"	Program Title	Day of week (for session) Date (if single program)	Start Time	Fee Member/ Non-member
ex. Jane Smith	Age 3	Nature Nuts – Winter + Spring	Mondays	12:30 pm	\$500
ex. Smith Family	2 Adult 2 Child	Animals A La Mode	April 25	2 pm	\$20

Log Cabin Explorers backpack color choices
Circle one (while supplies last)
 forest green ♦ red ♦ navy blue ♦ light blue ♦ pink

Membership Fee _____

Additional donation to LENS C \$ _____

Total Due \$ _____

Payment: Visa/MC # _____ Exp. Date _____

Name on credit card _____

Signature: _____

For Office Use Only	Paid	Recorded

Fee & Cancellation Policy

- Fees may be paid by cash, check (payable to LENS C), money order, Visa, MasterCard or Discover.
- A fee of \$30 will be assessed on all returned checks.
- Fees are refunded, minus a Service Fee, only if the Center is notified at least **ONE WEEK** prior to the start of a program/session.
- The **Service Fee** on all cancellations initiated by the participant is \$5 or 10% of the refund, whichever is **GREATER**.
- Fees are **NOT** refunded for missed classes. Friends/relatives may **NOT** attend in the place of a registered participant.
- To qualify for member discounts, all participants must join or renew their Center Membership to cover the duration of the scheduled date(s) for a program (or programs) at the time of registration, including but not limited to full school-year class registration.

Please bring your Membership Card & completed Health Release Form to registration!
Enrollments are limited. Reserve your space early! You will be notified if program is full.



IMPORTANT! OVER FOR HEALTH RELEASE FORM



HEALTH RELEASE FORM - LAKE ERIE NATURE & SCIENCE CENTER

Child's Name: _____

<i>For office use only</i>

Date of Birth: ____/____/____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

PARENT/GUARDIAN:

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

IF PARENT CANNOT BE REACHED, NOTIFY:

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

Please note specific health problems: allergies, poison ivy, penicillin, other drugs, insect bites, etc.

PARENT AUTHORIZATION – In the event that I cannot be reached in an emergency, I hereby give permission to Lake Erie Nature & Science Center to secure NECESSARY emergency transportation to and treatment at the nearest hospital (St. John West Shore), unless otherwise noted by me. (Additional emergency authorization forms are available at each individual hospital should you wish to take further precaution.)

Date _____ Signature _____
Participant / Parent / Guardian (please circle one)

Participant Waiver of LIABILITY – For and in consideration of permitting the person or persons indicated above to enroll in and participate in Lake Erie Nature & Science Center programs indicated above, and any and all subsequent Center programs in which they participate, I hereby voluntarily release, discharge and relinquish any and all actions, causes of action and claims for personal injury, property damage or any other damages occurring to them arising out of, or in any way related to their participation in, and I represent that I understand that this release is intended to, and does, discharge in advance Lake Erie Nature & Science Center, any and all of its officers, directors, agents, volunteers, servants and employees from any and all liability, actions and causes of action even though that liability may arise out of the negligence and/or carelessness of Lake Erie Nature & Science Center.

Date: _____ Signature: _____
Participant / Parent / Guardian (please circle one)

Participant Waiver of PHOTO RELEASE – I authorize Lake Erie Nature & Science Center to take and use without payment, photographs or video images of me and/or my child during programs and classes to be used for public relations purposes, marketing, and for the Center's website.

Date _____ Signature _____
Participant / Parent / Guardian (please circle one)