



# Earthwork Programs

## All-in-one Program Registration

*Please return the bottom portion of p 1, and a copy of pp 3-4 for each child/student*

Congratulations on choosing an Earthwork Program! We are so excited to have you and your child learn and grow with us.

Our vision is to offer people experiences in nature that will introduce them to a new awareness of themselves and the natural world around them. We achieve this by immersing people in nature through Adventure Experiences, Wilderness Living Skills, Nature Awareness, Tracking, Communication and Community Building Skills, and by bringing forth Native teachings from Elders around the world. It is our hope that these experiences act as a reminder of how beautiful and sacred nature is and how good it feels to be connected to it and to the people around us.

Earthwork has been running Nature-Based Education, Community Building, and Long- term Mentoring Experiences since 1999.

**Please send your deposit to: Frank Grindrod ♦ P.O. Box 9 ♦ Williamsburg, MA 01096**

REGISTER EARLY! Slots fill quickly. Please call **(413) 522-0338** for more information or register on-line at [www.earthworkprograms.com](http://www.earthworkprograms.com)

### Refund Policy

Deposits are not refundable. If you need to cancel, you must notify Earthwork Programs in writing. Refunds of program fees will be made only in the event of an emergency. No refund or reduction in fee will be made for individuals who arrive late, leave early, or attend only part of a session.

✂----- Send bottom section -----



### PAYMENT AND REGISTRATION FORM

Adult/Parent/Guardian Name	Student/Camper Name #1	Age	Student/Camper Name #2	Age
Street Address or P.O. Box	City	State	Zip	
Day Phone	Evening Phone			

Program Title	Date	Time	Price	# Ppl	Total Price

### PAYMENT RECORD

Total Payment Received (including \$ non-refundable deposit): \_\_\_\_\_ on \_\_\_\_\_.

amount date

**BALANCE OF** \_\_\_\_\_ **due by** \_\_\_\_\_ **to:**

amount date

**Earthwork Programs P.O. Box 9 Williamsburg, Ma 01096**



## WHAT TO BRING

Please dress **appropriately** according to New England weather. This is for a full day outdoors prepared for hot sun and rain in the summer, and sleet and snow in the winter if need arises. **Sneakers** are the best summer footwear, **snowboots** for winter.

### Please also bring:

1. A filling **lunch** and a **snack**. Pack more than for a usual school day - we will be very active!
2. A **water bottle** just for water. *Our goal is to stay hydrated.* If your child is attending, please talk with them about the importance of drinking water throughout the day.
3. A small **day pack**.
4. A **swim suit** and **towel** (for Camouflage and cooling off ) in the summer
5. **Sunscreen** and a **hat** in the summer
6. **Insect repellent**, if desired in the summer. (no Deet Please)
7. **Extra warm layers**, including cap and gloves, in the winter
8. A **raincoat** on rainy days. (worn over, not instead of, your warm layers in the winter)
9. A knife (lock blade or sheath knife) for carving
10. Your curiosity for the vast unknown!

**FOR DIRECTIONS TO OUR PROGRAMS**, visit [www.earthworkprograms.com/downloads.html](http://www.earthworkprograms.com/downloads.html) and click on the "Directions" link.



# Medical Form (One per participant)

Name of Adult/Child attending \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of program(s) attending \_\_\_\_\_ Dates \_\_\_\_\_

~ ~ ~ ~ ~ \* To be filled out by Attendee or by Parent/Guardian if registering for a children's program \* ~ ~ ~ ~

Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Actual Street Name and Town \_\_\_\_\_

Parent/Guardian's Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Can Earthwork Programs use a photographic image of your child for advertising? \_\_\_\_\_ YES \_\_\_\_\_ NO

## EMERGENCY INFORMATION

Emergency Contact (in case Parent/Guardian or other contact is not reachable during program hours):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry medical/hospital insurance? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, indicate carrier \_\_\_\_\_

Policy or Group # \_\_\_\_\_

## IMMUNIZATIONS

Are your/ your child's immunizations up to date? Give most recent immunization dates:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Polio \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Has your child had chicken pox? \_\_\_\_\_ yes \_\_\_\_\_ no

## SPECIAL NEEDS

Have you or your child been diagnosed with any sort of behavioral or physical disability? If so, please describe it and suggest strategies you've found effective in handling the disability (feel free to include additional pages if necessary).

\_\_\_\_\_



(Please fill out both sides of this medical form.)

### MEDICAL INFORMATION

Do you/ your child suffer from any of the following health conditions? Check if yes, and give dates below.

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Ear Infections     | <input type="checkbox"/> Poison Ivy Reaction | <input type="checkbox"/> Asthma      | <input type="checkbox"/> Heart disease/ |
| <input type="checkbox"/> Frequent Colds     | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Cramps      | <input type="checkbox"/> defect         |
| <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Insect Stings       | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Epilepsy/      |
| <input type="checkbox"/> Mononucleosis      | <input type="checkbox"/> Bleeding/clotting   | <input type="checkbox"/> Treatment   | <input type="checkbox"/> Seizures       |
| <input type="checkbox"/> Hay fever          | <input type="checkbox"/> disorders           | <input type="checkbox"/> ADD/ADHD    | <input type="checkbox"/> Constipation   |
| <input type="checkbox"/> Penicillin allergy | <input type="checkbox"/> Food Allergies      |                                      |   |

Other Allergies or Health Issues (list) \_\_\_\_\_

Comments and/or dates from list above \_\_\_\_\_

Do you / child need to carry a bee sting kit?  yes  no  
If so, please be sure s/he brings it each day.

Operations or serious injuries (include dates) \_\_\_\_\_

Recurring illness or medical condition \_\_\_\_\_

Current medications (if we need to oversee your child taking medication, please provide details)  
\_\_\_\_\_  
\_\_\_\_\_

### CONSENT FORM

This health history is correct to the best of my knowledge, and the person herein described has my permission to engage in all prescribed program activities except as noted.

**Authorization for treatment:** I hereby give permission to Earthwork Programs staff to carry out standard first aid and CPR, and give permission to medical personnel selected by the director to order x-rays, routine tests, and/or treatment, and to release any records necessary for insurance purposes. I give permission to staff to provide or arrange necessary related transportation for my child or myself. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the person named above. If this application is for camp, this completed form may be photocopied for use at camp by camp director.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Participant Consent:** I understand and agree to abide with any restrictions placed upon my program activities.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_