

**2017 REGISTRATION FORM**

Please complete a separate form or facsimile for each child under 17 and return with a check for programs requiring pre-registration. **Programs must be paid in full to register.**

PARTICIPANT'S NAME \_\_\_\_\_

AGE(If Child) \_\_\_\_\_ BIRTHDATE (If Child) \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LOCAL PHONE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

Program Title	Session Date(s)	Amount
1. _____		
2. _____		
3. _____		

**REFUND POLICY:** Full refund will be made (less a \$10 non-refundable administrative fee) if request received up to 10 days prior to session. Requests received less than 10 days prior to a session will only be given if we are able to fill the vacant slot your withdrawal would create. Refunds are not given for sick or absent days. We reserve the right to cancel any program due to low registration with full refund for any registered participant.

**PARENT /LEGAL GUARDIAN AUTHORIZATION FORM**

*Parents must complete the following for children 17 years of age or younger.*

a. Does your child have any physical or emotional conditions of which we should be aware, including food related allergies?  YES  NO If YES please explain on attached sheet.

b. Class participants may be photographed for promotional materials including our web site. May we photograph you and/or your child?  YES  NO

c. Please provide us with one or more phone numbers where you may be reached in an emergency. \_\_\_\_\_

d. **Permission to Transport Junior Naturalists & Rangers Only** Do you give permission for us to transport your child to & from a class location  YES  NO

**Parent Authorization:** "In the event you are unable to reach me by telephone, I hereby authorize the Society's staff or medical personnel to take emergency measures as necessary."

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent / Legal Guardian Signature:

Please print your name as well \_\_\_\_\_

**Please make check payable to:** T.W. Burgess Society and mail to Registration, Green Briar Nature Center, 6 Discovery Hill Road, E. Sandwich, MA 02537 or Fax to 508-888-1919 with credit card information...or register by phone.

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature \_\_\_\_\_ Code \_\_\_\_\_

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