



Olympic Nature Experience (ONE)  
P.O. Box 688, Carlsborg, WA 98324  
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(360) 461-7169

Contact our office for amount due with registration  
at: info@olympicnatureexperience.org

### Program Registration Form

Name of Student: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Gender (male, female, non-binary): \_\_\_\_\_

#### Parent / Guardian 1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Parent / Guardian 2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*Circle or highlight the best number to reach you while your child is in attendance and any email addresses to be used for class communication.*

#### Emergency Contact Person

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_  
\_\_\_\_\_

List any behavior challenges you are currently working through and any triggers of these behaviors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When hiking or walking with your child, do they stay with you when you ask them to and come back when you call them?: \_\_\_\_\_  
\_\_\_\_\_

Can your child follow multiple step directions? For example: Put your backpack under the tree and join us for circle.: \_\_\_\_\_  
\_\_\_\_\_

Are there any additional enrollment considerations you would like to let us know about?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your family speak a language other than English at home? What language(s): \_\_\_\_\_

What is your family's ethnicity/cultural identity?: \_\_\_\_\_

Are you interested in coming into school to support our staff in representing your home culture in the classroom or working with other students to bring your home culture into the classroom? (examples might be a celebration, a language or craft project, etc.): \_\_\_\_\_

Does anyone in your family have a disability? What supports are needed to help you navigate drop off, pick up, and time in class?: \_\_\_\_\_

Please initial each line below where you give your consent or acknowledgment:

\_\_\_\_ I/We have read the family handbook and understand the activities and expectations of the program my child/family is entering. The family handbook can be found on our website. The risks of outdoor school include the use of sharp tools, being around open fires, playing near water, climbing natural features, playing outdoors in a variety of weather conditions, and interacting with changing natural conditions which can be hazardous.

\_\_\_\_ I/We grant Olympic Nature Experience permission to include my contact number in the Owl's Hollow phone list (school year only) to be distributed to my child's class.

\_\_\_\_ I/We understand that as a nonprofit organization and in an effort to keep tuition fees as low as possible, the school holds several fundraisers each year, and that my participation is requested.

\_\_\_\_ I/We understand that the first month's tuition is due at the time of registration (school year programs).

\_\_\_\_ I/We understand that: payments will be due the 1st of the month. Payments may be made with cash or check at the start of a semester for a 5% discount. Payments may be made with PayPal or credit card at the start of the semester for a 2% discount. There will be a 5% late fee for payments made after the 5th of the month (school year programs).

Can Olympic Nature Experience use photos and videos of your child for public promotional, educational and documentation purposes? (circle one)    Yes    or    No



## Medical Release

For Minor Illness or injuries, Olympic Nature Experience will attempt to contact me upon completion of treatment. For major illnesses or injuries, Olympic Nature Experience will attempt to contact me before institution of treatment unless such treatment is so urgent it must be done before contact can be made. If I cannot be reached, this authorization is nevertheless effective. I will provide the medication, doctor's form and training to staff if needed, if it is known that my child has allergies. It is agreed that Olympic Nature Experience shall not be held responsible for any injuries that might occur to the participant at any time or at any place.

I/we hereby grant consent to any and all health care providers designated by Olympic Nature Experience to provide my child \_\_\_\_\_ (name) any necessary medical care as a result of any injury/illness. This consent includes first aid and transportation to/from health care providers.

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Parent/Guardian Signature

Date

Are there any significant childhood events or health-related issues we should know about? Please describe.

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Does the participant have any known allergies, medications, or dietary restrictions?

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**I authorize Olympic Nature Experience to administer the following medications to my child in my absence:**

- Badger Anti-Bug Balm (ORGANIC). Active ingredients: 10% Castor Oil & Essential Oils of 5% Citronella, 2% Cedar, 2% Lemongrass, 1% Rosemary and 1% Geranium. Inactive Ingredients: 79% Olive Oil and Beeswax
- ONE hand sanitizer. Active ingredients: 5% Lavender Oil, 5% Rosemary Oil, 5% Tea Tree Oil, 85% Isopropyl Alcohol.
- Badger Kids Sunscreen Cream SPF 30. Active ingredients: Non-Nano, Uncoated Zinc Oxide 18.75%. Inactive Ingredients: Helianthus Annuus (Sunflower) Seed Oil, Cera Alba (Beeswax), Citrus Aurantium Dulcis (Orange) Peel Oil, Citrus Tangerina (Tangerine) Peel Oil, Tocopherol (Sunflower Vitamin E), Hippophae Rhamnoides (Seabuckthorn) Fruit Extract, Vanilla Planifolia (Vanilla) Fruit Extract.



## Olympic Nature Experience Minor Waiver/Release of Liability

IN CONSIDERATION OF \_\_\_\_\_ (name of participants), being allowed to participate in any way in Olympic Nature Experience educational programs, related events and activities, the undersigned acknowledges and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's (children's) and my own participation; and,

2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Olympic Nature Experience its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(DATE)

### **UNDERSTANDING OR RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules, agreements and instructor guidelines, and accept them as a participant.

\_\_\_\_\_  
(MINOR PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(DATE)



## Tuition Assistance Application

What is the first name (only) of the student(s) whom you are requesting assistance for?: \_\_\_\_\_

What is the date of birth for the student whom you are requesting assistance for?: \_\_\_\_\_

Which programs are you requesting assistance for? (check all that apply)

Owl's Hollow Early Learning (\$150)

Owl's Hollow Nature Skills I (\$160)

Owl's Hollow Nature Skills II (\$160)

Wild Skills for Preteens (\$200)

After School Foxes

Camps

For School Year: What is your anticipated monthly tuition? \_\_\_\_\_

For Camps: What is your anticipated total summer tuition? \_\_\_\_\_

If you received tuition assistance would you apply for more days? Please explain. \_\_\_\_\_

How many people are in your household?: \_\_\_\_\_

What is our family's annual household income (include all forms of financial support such as Food Stamps, child Support, or State/Federal Subsidies)?: \_\_\_\_\_

Do you have any debt that is restricting your cash flow besides mortgage or car payments? (could include medical bills, student loans, child support you pay out, etc.): \_\_\_\_\_

Do you foresee this changing in the next 6 months? If so, explain in the next section about extenuating circumstances. (Circle one) Yes or No

Do you have any extenuating circumstances that are affecting your family's finances that you would like us to take into consideration?: \_\_\_\_\_

Write a short paragraph about why attending Olympic Nature Experience is important to your family: