

# Application for Enrollment



Last Name		First Name		Date of Birth	
Street Address		City		State	Zip Code
1st Parents' Name			2nd Parent's Name		
Phone Number			Emergency Contact/Cell Phone		
The child resides with (check the appropriate box)			E-Mail:		
<input type="checkbox"/>	1st Parent Only	<input type="checkbox"/>	2nd Parent Only	<input type="checkbox"/>	Both Parents

Please list the program(s) you are interested in participating in (please include dates)

  
  
  
  
  
  
  
  
  

YES NO  
  Is a parent interested in attending as a chaperone?

List any allergies or other health concerns. If none, please enter 'none' in the space below.

Include the names and phone numbers of emergency contacts if you cannot be reached.

**Insurance Information** (required for all environmental activities and/or if a parent is not present at the event)

Insurance Company

Policy Number

Benefits Phone Number

## Terms and Conditions of Enrollment

Homeschool Excursions, Inc. and its representatives are authorized to make whatever arrangements and accommodations and to make such rules and regulations as they may deem advisable, in their decision, for the safety and welfare of the participants in general and the PARTICIPANT in particular.

Included rules are as follows:

No use, or possession, of tobacco, alcohol, drugs, and/or weapons of any kind at any time

Participants must stay in the group at all times

Intentionally disruptive behavior will not be tolerated

Homeschool Excursions, Inc, is not responsible for any injury or damages which result from weather or other acts of God, accidents, illness, the demands and inherent risks of outdoor activities, strikes, acts of terrorism, or any other events beyond its direct control. PARTICIPANTS and their parents/guardian recognize and agree to assume these risks. Homeschool Excursions has the right to cancel the activity for any reason whatsoever at any time.

Neither Homeschool Excursions nor its representatives shall be responsible for any theft of, loss of, or damage to property or any bodily injury suffered by PARTICIPANT during the program.

I understand that Homeschool Excursions does not engage personnel qualified to provide medical, dental, or other similar care or services to PARTICIPANT. I agree to pay all costs and expenses incurred directly or indirectly by Homeschool Excursions for such care or services.

Homeschool Excursions may use photographs, video tapes, and testimonials of participants in publicity materials.

Applicant's Signature

Date

Parent/Guardian Signature

Date