

Registration Information

Many TrackersNW workshops fill quickly. Please enroll early!

Submit registration form with full payment:

- Mail to** TrackersNW, Mia Andler, 340a Cypress Drive, Fairfax, CA 94930

Sorry, registration cannot be completed over the phone or by e-mail. You can however, reserve a spot in a popular class by e-mailing mia@trackersnw.com with your name, workshop title and phone number.

Online registration is available and we HIGHLY recommend this option. GOTO www.trackersnw.com

Registration Deadline

TrackersNW must receive a completed registration form and full payment within 10 days of a reservation phone call or e-mail.

Confirmation

All applicants will receive a Confirmation letter or email within three weeks of TrackersNW receipt of your completed registration form. If your workshop contains an overnight component a packing list will be sent with confirmation.

Important: Please do not consider yourself or your child enrolled in a workshop until you have received confirmation from TrackersNW

Refund Policy

- Each workshop registration is held to a 20% cancellation fee.
- If you cancel 30 days prior to program start, the total fee is refundable (minus 20% cancellation fee)
- If you cancel 14-30 days prior to program start, 1/2 of the program fee will be refunded.
- Cancellations made less than 14 days from program start date cannot be refunded.
- Registrations and fees are non-transferable.

TrackersNW Youth Waiver *Registration Form: This form may be copied for additional students.*

Mail to TrackersBAY, Attn: Mia Andler, 340a Cypress Drive, Fairfax, CA 94930

Participant's Name & Nicknames _____

Date of Birth _____ Parent/Guardian _____

Address _____ City _____ Zip _____

School _____ Grade in or entering _____ Age _____ Gender _____

Home Phone _____ Daytime Phone# _____ e-mail address _____

Emergency Contact _____ Phone# _____

Class registering for _____ Cost (note payment plan or scholarship) _____

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REQUIRED FIELDS *We work provide the best experience for your child, please help inform us to keep your child safe and*

happy

Please describe your child's nature and foraging experience _____

Please define a supportive atmosphere for your family _____

Please describe woodworking or hands-craft experience _____

Health and Medical Information (Confidential)

Please describe any allergies _____

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Special considerations we should be aware of? (i.e. behavior, shyness, fears, etc.) _____

Physician's Name: _____ Phone _____ Insurance Company _____

Insurance # _____

My child/ward has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I may be contacted and informed. I am the parent or legal guardian of the above-named child, who is under the age of 18 years and who wants to participate in LUTRAS ENTERPRISES, LLC, dba TRACKERSNW programs. In consideration of my child's or ward's participation in the programs, I hereby release, waive, and discharge LUTRAS ENTERPRISES, LLC, dba TRACKERSNW and all of its instructors, employees, officers, directors, agents, sponsors and volunteers from any and all liability to me, to my child or ward, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or ward or to any person or property arising out of participation in the program, and of future use of materials and other objects created during this trip, whether on LUTRAS ENTERPRISES, LLC, dba TRACKERSNW's premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of LUTRAS ENTERPRISES, LLC, dba TRACKERSNW or any of the individuals listed above.

LUTRAS ENTERPRISES, LLC, dba TRACKERSNW has the right to use any student drawings, journal excerpts, video and any photos taken during the field day for promotional purposes for itself and affiliates.

I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS, THE WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION IN THE TRACKERSNW PROGRAM.

Parent/ Guardian Signature

Date

My child may **not** be photographed for publicity.