



## Registration Form

Name of Child	Age	DOB	M/F
Address	City	State	Zip
Parent's Name	Parent's Name		
Phone	Phone		
Email	Email		
Emergency Contact Name, # and relationship:	Any other important info:		
<b>Make Checks Payable to: Mark Fliegler</b>			

### Confidential Medical and Emergency Information

Please list medications, **allergies**, physical disabilities or restrictions that the instructors should be aware of. Attach pages if necessary. (contact lenses, hearing aid, asthma, fears, dietary needs, etc.)

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's medical carrier and #: \_\_\_\_\_

### In case of Emergency:

I \_\_\_\_\_ give my permission to have (child's name) \_\_\_\_\_ receive first aid and be transported to the nearest hospital by professional, emergency personnel. I understand I will be financially responsible for the cost of such treatment.

### Liability Release, Indemnification and Waiver:

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by Old Fliegler's Farm which are beyond the control of the instructors, students and employees and that participation by my child in any program activities may entail unavoidable risk of personal injury, death and loss of or damage to property. These risks include, but are not limited to insect and animal bites and stings, forces of nature, unexpected extreme weather conditions and any hazard present on the farm, such as but not limited to low lying branches, sharp objects and slippery surfaces. I hereby assume all risks of injury and death to my child and loss of or damage to property arising out of my child's participation in such activity and I agree to indemnify, hold harmless Old Fliegler's Farm, their officers, and employees from and against all claims arising from any occurrence or third parties injured as a result of my child's actions. I further agree to repair or reimburse Old Fliegler's Farm for any and all damages that my child causes to the property.

Parent/Guardian Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

I give Old Fliegler's Farm permission to use any photographs of my child(ren) for their website.

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

**8 Week Session Dates & Times 2013-2014**  
**(Circle choice and mail form or email)**

**Option “1”**

Start: Tuesday September 10, 2013, 10am-12pm

End: October 29, 2013

**Option “2”**

Start: Thursday September 12, 2013, 10am-12pm

End: October 31, 2013

**Option “1”**

Start: Thursday January 9, 2014, 10am-12pm

End: March 6, 2014

**Option “2”**

Start: Tuesday January 7, 2014, 10am-12pm

End: March 4, 2014

**Option “1”**

Start: Tuesday March 25, 2014, 1pm-3pm

End: May 27, 2014

**Option “2”**

Start: Thursday March 27, 2014, 10am-12pm

End: May 22, 2014

**The 8 week session fee is \$291 (includes all materials, t-shirt and souvenir).**

Sibling discounts are available. Students may make-up a class as space permits.

No refunds.

**T-Shirts:**

Small      Medium      Large      (circle one)      Additional t-shirts: \$15.00

I will be paying by:

- Check (please enclose with forms payable to **Mark Fliegler**)
- Cash (given to \_\_\_\_\_)
- Purchase Order from a Charter School (Name of School \_\_\_\_\_)
- PayPal Online (send to PayPal account: twobusybees@att.net)

**MUST WEAR CLOSED TOE SHOES!!**

**Mail Registration forms to:**

Old Fliegler's Farm  
Charter/Home School Program  
4332 Los Vecinos  
Fallbrook, CA 92028  
(760) 728-1865  
arlene@oldflieglersfarm.com  
**www.oldflieglersfarm.com**