



River Island Conservancy Children's Nature School

Registration and Consent Form

I confirm that I _____ am the parent/legal guardian of
_____.

I hereby consent to the above child participating in the activities of River Island Conservancy Children's Nature School. I have provided contact details below and will inform the school of any changes to this information. I confirm that all details are correct, and I am able to give parental consent for my child to participate in all activities of the school.

I give the River Island Conservancy Children's Nature School permission to seek medical treatment for my child if necessary.

I confirm that I am releasing the River Island Property Owners Association and the River Island Conservancy Children's Nature School from liability for injuries sustained during activities

Name: *(please print)* _____

Signature: _____ Relationship: _____ Date: _____

Contact Details

Name of Child: _____

Age or Birthdate: _____

Address: _____

Parent's Mobile Phone No.: _____

Emergency Contact No. (1): _____

Emergency Contact No. (2): _____

Please also include all medical details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, special needs, etc.

Photographic & Video Consent

I consent/do not consent to the below mentioned child being included in any photographic or video material, in any publications/websites/social network applications which may be used for the purpose of documenting and highlighting their involvement in the River Island Conservancy Children's Nature School.

Name: _____

Age: _____

Signature: _____

Date: _____

Print Name: _____

Relationship to child: _____

Phone No. _____

Association Link Office Only

Date Received: _____ Initials: _____