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ed Home Fall Classes 2017 REGISTRATION FORM

PLEASE READ REGISTRATION INSTRUCTIONS CAREFULLY.

Student NAME BIRTH DATE GRADE

Circle class or classes ART SPANISH MATH

PARENT/GUARDIAN NAMES:

Mother: _____

Father: _____

Additional Guardian(s): _____

ADDRESS: _____

PHONE (for primary contact)☒ _____ Cell or Home (circle one)

PHONE (for secondary contact)☒ _____ Cell or Home (circle one)

E-MAIL: _____

CURRENT SCHOOL: _____

How did you hear about this class?

Please return this form with your tuition to hold class enrollment. Checks are written in advance to each teacher for the entire semester. Each check needs to be pre-dated for the months: Sept., Oct., Nov., & Dec. This saves everyone time!

Deena Rumsey, Administrator
10704 Issaquah Hobart Rd SE
Issaquah, WA 98027

Tuition:
\$75 per month for each class
\$50 arts materials fee (per semester)

2017 Cultured Home Fall Class Form

Emergency Medical and/or Surgical Care

PHYSICIAN Name: _____

PHONE _____

ADDRESS: _____

Do you have medical insurance? _____ If so, please list type of plan, company, and policy number(s):

Does this student have any medical conditions which may limit his/her participation in any class activities or which should be of special concern to the staff? _____ If yes, please explain in detail. (may be continued on the back of the form)

Is this student allergic to BEE STINGS? _____ If yes, what type of reaction and what treatment?

Does this student have any FOOD ALLERGIES? _____ If yes, please give details...

Does this student have any DRUG ALLERGIES? _____ If yes, please give details - What drug? What type of reaction? How long ago did reaction occur?

I give permission for my son/daughter _____ to receive emergency medical or surgical treatment and to be hospitalized if necessary. I understand that every attempt will be made to contact me or the person named below before such action is taken.

Primary phone: _____ Secondary phone: _____

If I cannot be reached, please contact: _____

Relationship to camper: _____

Primary phone: _____ Secondary phone: _____

Parent name (printed): _____

SIGNATURE: _____ DATE: _____

Cultured Home Fall Class Form 2

Prescription and Over-the-Counter Medication permission

Please list all prescription and over-the-counter medications the student will take while at the Cultured Home Classes. Include topical preparations and vitamins and dosage information for all medications. Staff must keep all medications while student is present on site.


SIGNATURE: _____ DATE: _____

Cultured Home Play Permission

The play areas at the Rausch property include items that are intended to provide physical challenge as well as fun. All are rated for adult weights of up to 180 lbs. The students will be introduced to safe use of the equipment, will be encouraged to stay within personal comfort and skill levels and will be supervised during play times. Please mark below to indicate which equipment your child has permission to use while on the property for classes IF time prevails.

- _____ Swingset
- _____ Steep slide (12 feet long)
- _____ 14 foot trampoline with net (no more than 2 students on trampoline at a time)
- _____ Slack line (Cargo strap balance beam between 2 trees, about 2 feet from the ground)
- _____ Zipline
- _____ Rope swing in maple tree near the Music Barn
- _____ Cedar "climbing tree" (branches are closer together than ladder rungs)

SIGNATURE: _____ DATE: _____



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Home Fall Class Form 3

HOLD HARMLESS AGREEMENT

While participating in the Cultured Home Fall Class or classes, each student or their parent or guardian has voluntarily assumed all risk of injury or other consequence which relates either to the Cultured Home activities or those related to the property where classes and performances are located, regardless of cause.

The undersigned, on behalf of him/herself and his/her minor child hereby releases and agrees to indemnify, defend and hold harmless The Music Barn, Cultured Home and their owners, agents, employees and successors and assigns from any and all claims, regardless of cause, which arise directly or indirectly from participation in any activities undertaken at or offered on the properties listed below:

The Music Barn, 19506 SE 138th PL, Renton, WA 98059

SIGNATURE: _____ DATE: _____

Parent name (printed): _____

Code of Conduct

- I will respect the growth and work goals of the Cultured Home Fall Classes and will participate in all scheduled activities, which are designed to make the most of my educational experience.
- I will respect those around me by not using abusive language or engaging in reckless behavior that could cause harm to others or myself, or damage equipment.
- I will respect the privacy of others during the entire time on the premises.
- I will respect and follow the directives of the 2017 Cultured Home Fall Semester team, teachers and other staff during the class. If I am having a problem with the behavior or attitude of another student or adult, I will contact the teacher or a chaperone immediately.
- I will wear respectful attire for the Cultured Home class or classes.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____