

Registration Form/Permission Slip, Mohr's Explorers, LLC

To secure enrollment, please mail this form to: 640 Fort Washington Avenue, #3C, NY, NY 10040

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the authority of Mohr's Explorers, LLC. It is the firm hope the authorization granted by this form will never need to be used. However, to insure the safety of the children in an emergency situation where the parent or guardian cannot be immediately contacted, this form may become extremely important. This form grants parental permission for the after-school program, all camping trips and/or the summer day camp throughout the 2009-10 school year.

Child's Name: _____ Age: _____ Grade: _____ Date of Birth: _____

Home Address: _____ School: _____

Parents' e-mail Addresses: _____

EMERGENCY INFORMATION

List the names (first and last) and phone numbers of those who have the authority to make decisions in an emergency situation involving this child. Please list names in the order in which you would like contact attempts to be made and circle the names of those residing with this child. Please list all phone numbers, labeling each as cell, home or work, in order of preference as well.

Name _____	Relationship _____	Phone Numbers: _____
Name _____	Relationship _____	Phone Numbers: _____
Name _____	Relationship _____	Phone Numbers: _____
Name _____	Relationship _____	Phone Numbers: _____

MEDICAL INFORMATION

Date of last tetanus: _____ Any medical conditions (allergies/asthma/etc.) we should be aware of? _____ Please list below or on the back.

If your child requires any medication(s) to be administered by us, you must send a **complete, separate, typed list of specific instructions (dosage, times/day, approximate time of day it needs to be taken, etc.)** with this form, including the name(s) of the medication(s) and what the medication(s) is/are specifically prescribed for. We cannot accept handwritten instructions nor can we accept the instructions on camping trip departure days.

We have no problem managing whatever medications are necessary, but **we must have this information beforehand.**

This is required for overnight trips: if anything is applicable to the after-school program or day camp, please include.

Child's Physician _____ Phone _____ Dentist _____ Phone _____

OTHER INFORMATION

On occasion, we may bring a small treat, such as one piece of gum or candy for each participant. If **anything** is not permissible, please specify so that we can provide alternatives. Feel free to include any other pertinent information about anything else that we might need to know as well.

MEALS (only applicable for camping trips) – PLEASE LOOK OVER THE LIST!

IF ANYTHING IS NOT PERMISSIBLE, PLEASE SPECIFY. IF YOU HAVE A PICKY EATER, OR ANY SPECIAL REQUESTS, IT IS IMPERATIVE TO LET US KNOW SO WE CAN PROVIDE ALTERNATIVES (write on the back, if necessary).

This is a sample, but not definitive, list: **Mornings** – cereal, bananas, apples, granola bars, mini-bagels, doughnuts. **Lunches** – turkey, ham, cheese, peanut butter & jelly (strawberry/grape), chips, **Doritos**, pretzels, wheat & white bread. **Dinners** – pizza, hot dogs, hamburgers, veggies, (Mac & Cheese, *only by request*). **Snacks** – s'mores, fruit snacks, cookies, beef jerky, crackers, vanilla ice cream (spring only), candy/gum (rarely). **Beverages** – Water, apple/orange juice, 2% milk, "Bug Juice" (fruit juices mixed with a bit of caffeine-free soda – as far as your child knows, it is made with actual bugs, so don't tell!)

PARENTAL PERMISSION

Mohr's Explorers, LLC has my permission for my child, (**PRINT CHILD'S FULL NAME**) _____, to participate in the after-school program, any of the upcoming camping trips and/or the summer EDventure Camp for the 2009-2010 school year. I hereby consent to all included activities planned and supervised by Mohr's Explorers, LLC and I hereby consent to all methods of travel necessary to reach various destinations (*only when applicable*) throughout Manhattan, Queens, Brooklyn, the Bronx, upstate New York, New Jersey, Pennsylvania and other areas, whether it be via subway, bus, van, taxi, etc. I also give my permission to Mohr's Explorers, LLC to treat my child for routine, minor injuries, such as cuts, scrapes and bruises. In the event that my preferred contacts listed above cannot be reached in an emergency, I hereby grant Mohr's Explorers, LLC permission to bring my child to be treated at a hospital emergency room. In the event of illness or injury, I do hereby consent to any treatment and hospital care, that are considered necessary in the best judgment of the attending physician, surgeon and/or dentist, and the undersigned agrees that his/her health insurance will be used as the primary coverage, if necessary, to cover such medical care.

In consideration of Mohr's Explorers, LLC accepting this registration and permitting the participation of the above named child in such activities, which I believe to be educational and/or physical, I hereby release, discharge, indemnify and hold harmless Mohr's Explorers, LLC, its employees, representatives and consultants from any and all claims, actions and liabilities arising out of or in connection with the above named child's participation in any aspect of the activities provided.

I DO / I DO NOT (please circle), give Mohr's Explorers, LLC permission to reproduce and publish any photograph of my child for advertising, commercial or any lawful purpose. **I DO / I DO NOT (please circle)** permit the my child's name to be published on the *Hall of Fame* portion of www.mohrs-explorers.com when/if applicable.

Name of undersigned Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____