

Registration Form

(please print out)



Make checks payable to Field Trip Friends

**Field Trip Friends
47-517 Apau Loop
Kaneohe, HI 96744**

Child's Name _____ Age _____ Birthday ____/____/____ Special Needs/Allergies? _____

Sibling #1 _____ Age _____ Birthday ____/____/____ Special Needs/Allergies? _____

Sibling #2 _____ Age _____ Birthday ____/____/____ Special Needs/Allergies? _____

Mother's Name _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Email _____

Father's Name _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact Name _____

Relationship _____ Home Phone _____ Cell/Work Phone _____

Child's Doctor's Name _____ Phone _____

Medical Insurance Policy # _____

Do you have membership anywhere? (Zoo, Sea Life Park, etc.) _____

How did you hear about us? _____

List names of friends that you want to be in the same class with: _____

Is it alright to text you? (Circle) Yes No

Tuition Payment (please check all that apply).

- 4 week session = \$140 (4 different field trips for first child & 1 adult)
- 8 week session = \$250 (8 different field trips for first child & 1 adult)
- Siblings 18 months or older receive 50% discount = \$125 (8 weeks) OR \$70 (4 weeks)
- Siblings under 18 months old are FREE. (If sibling turns 18 months old during session, tuition will be prorated.)

Name of Season _____ Day of Class _____ Total Amount _____

Waiver Agreement

I, as the parent, Agency Representative or Legal Guardian of the child/children stated above, will be solely responsible for this child/children at all times during Field Trip Friends, Inc. (FTF) programs & hereby hold FTF & its locations harmless & not responsible for any & all damages, injuries, or losses that may be sustained while in the care of FTF and its locations. I have read FTF's Policies & Procedures, Registration, & Tuition information at www.fieldtripfriends.com & accept the terms stated within. Due to the unique design & independent creation of Field Trip Friends, Inc. (FTF), I, the undersigned, understand that submission of this registration creates a confidential relationship between me, the undersigned, & FTF. I further understand & agree that I am obligated to remain loyal to FTF by not disclosing its trade secrets, original ideas, & private locations to a potential competitor or use them to establish or create my own similar program. I understand that this type of intellectual piracy by implication or otherwise will be a breach of the confidential relationship between me & FTF. I give permission to Field Trip Friends, Inc. (FTF) to photograph &/or videotape the adults & children named above & allow use of the resulting photos/videos for FTF's education, evaluation, marketing, documentation, &/or sharing amongst members, including posting on the FTF Facebook site and/or website.

If an additional adult will be attending ANY of the field trips, please have that parent sign here. Then they will not have to fill out the Additional Adult Waiver Form.

Date Signature of Main Adult Attending Field Trips / Relationship

Date Signature of Additional Adult Attending Field Trips / Relationship