

Reaistration Form

(please print out)



Make checks payable to Field Trip Friends Inc.

Mail completed form & payment to:

**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 _____ 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 = \$150 (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 \$75 (4 weeks)
- Siblings under 18 months old are FREE. (If sibling turns 18 months old during session, tuition will be prorated @ \$15 per class.)

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 loses that may be sustained while in the care of FTF and its locations. I have read FTFs 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.

Date Signature of Main Adult Attending Field Trips / Relationship

Date Signature of Additional Adult Attending Field Trips / Relationship