



Adult (16+) Registration Form

Please use one registration form per participant

10 Groton Road, Nashua, NH 03062 • (603) 881-4815
www.enrich2day.com • www.paintedturtleartstudio.com

Date of registration _____

Full Name _____ D.O.B. _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Email Address _____ Preferred phone _____

Please indicate the class(es)/camp(s) you wish to register for: Class/Workshop Name _____

Class/Workshop Name _____ Class/Workshop Name _____

- Preregistration is required.
- **There are no refunds or reductions once a participant is registered for any reason unless the program is cancelled by The Enrichment Center @ 2nd Nature Academy or The Painted Turtle Art Studio.**
- Spaces are limited and registration is on a first come, first serve basis. A waiting list will be established if a program fills.
- If the minimum numbers for the course or camp are not met, the program may be cancelled or rescheduled.
- Registrations will not be processed without payment in full.
- A \$40 processing fee will be charged for all returned checks.
- **Adult participants:** Must complete and submit page 1 of this registration packet.
- **Minor participants (under 18 years of age):** Must complete and submit both pages (1 & 2) of the registration packet.
- **We currently only accept cash or check. All checks may be made payable to "The Enrichment Center."**

General Permission

In participating in programs at The Enrichment Center @ 2nd Nature Academy and/or The Painted Turtle Art Studio, I assume any, and all risks associated with camp/course activities. If the parent/guardian of a minor, I give my child, listed above, permission to participate in all activities at The Enrichment Center @ 2nd Nature Academy and/or The Painted Turtle Art Studio. I voluntarily release The Nature of Things, LLC and The Enrichment Center @ 2nd Nature Academy/The Painted Turtle Art Studio, the instructors, employees or agents from any responsibility on account of any injury sustained by myself, my child or person in my control, during any camp/course related activity. I agree to indemnify and hold harmless any such person on any claim for as long as I am associated with The Nature of Things, LLC and The Enrichment Center @ 2nd Nature Academy/The Painted Turtle Art Studio.

Photo Release

I authorize The Nature of Things, LLC and The Enrichment Center @ 2nd Nature Academy/The Painted Turtle Art Studio permission for my own (adult participant) or my child's (minor participant) photo to appear in camp or course brochures, video, public and private advertising or any other promotional literature.

Please initial one: _____ I **do** give... _____ I **do not** give... permission for my and/or my child's photo release.

I agree to all terms of enrollment as outlined above.

Signature: _____ Date _____

Parent/Guardian Signature (if minor): _____ Date _____

Adult (18+) Participant Medical/Emergency Information

Please indicate whom you would like us to contact in the event of emergency:

Name _____ Relationship _____ Phone _____

Art classes frequently use a variety of mediums and materials. Please list any chronic conditions, allergies, medications taken, dietary restrictions, or any other pertinent information that could be important in event of sudden illness or injury:

Allergies: _____ Medications: _____

Chronic conditions: _____ Other: _____



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Minor Participant Parent/Guardian Information

Parent/Guardian 1's Full Name _____
Last First Middle Initial

Home Phone _____ Work Phone _____ Cell _____

Parent/Guardian 2's Full Name _____
Last First Middle Initial

Home Phone _____ Work Phone _____ Cell _____

Please indicate below any person(s) other than parent/guardian who are authorized to remove the child from class/campus:

Name _____ Phone _____

Address _____
Street City State Zip

Please indicate any restrictions regarding removing the child from the camp that we should be aware of: _____

Minor Participant Emergency Information

Please indicate who will assume responsibility for the child if the parent/guardian cannot be reached in the event of emergency:

Name _____ Phone _____

Address _____
Street City State Zip

Minor Participant Allergy/Medical Information

Art classes frequently use a variety of mediums and materials. Please list any chronic conditions, allergies, medications taken, dietary restrictions, or any other pertinent information that could be important in event of sudden illness or injury, or to help us care for your child:

Allergies: _____ Medications: _____

Chronic conditions: _____ Other: _____

Minor Participant Medical Release

My child's physician is _____
Name Address Phone

My first choice of hospital is _____
Name and Address of Hospital

Insurance _____
Company Policy #

I hereby give permission to the medical personnel selected by the program director to provide health care; to administer medications; to order X-rays, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

(Parent/Guardian Signature)

(Date)