



Home School Field Trip Registration Form

Program Name: _____

Date of Program: _____

How you heard about MDC's Programs: Website / Social Media / Flyer / Word of Mouth / Other _____

Parent/Guardian First Name _____ Last _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Parent/Guardian First Name _____ Last _____

Phone _____ E-mail _____

Child/Children

First _____ Last _____ DOB ____/____/____ Age ____

First _____ Last _____ DOB ____/____/____ Age ____

First _____ Last _____ DOB ____/____/____ Age ____

Emergency Contact Information

First _____ Last _____ Relation _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell phone _____ E-mail _____

Terms of Agreement

Media Release

I hereby give permission for my child to be photographed during the **Marine Discovery Center Programs** and for those photographs to be used in news media and promotional segments, and the publish videos or audio transmissions for advertising, websites, public information and cable television, DVDs, or any other lawful purposes. I understand that although my child's photograph may be used for advertising (his or her identity will not be disclosed). I do not expect compensation and that all photos are the property of Marine Discovery Center Adventure Camps and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Marine Discovery Center Programs** activities by modes of transportation agreed to by the program organizers.

Parent's/Guardian's Initials _____

Form of Consent

I have read the description of the **Marine Discovery Center Programs** and find it acceptable for my child's involvement. My child has permission to participate in the field trips on and off the center's property. I recognize the educational benefits of this program and acknowledge that participation is completely voluntary. I, the parent or guardian, do hereby agree to release indemnity and hold harmless the Marine Discovery Center for any bodily injury or any loss, injury, or damage to property resulting directly and indirectly from the involvement in this program.

Parent's/Guardian's Initials _____

Refund/Cancellation/Behavior Policy

By signing below, I agree to the following:

To guarantee your party's participation, full payment is due on the day of registration. If you decide to cancel within 2 full weeks prior to the scheduled program, the Marine Discovery Center reserves the right to refund no more than fifty percent of the program's tuition or eighty percent of the amount applied to the cost of an upcoming scheduled program. The Marine Discovery Center is an educational program that requires strict safety and behavior guidelines. The staff at the center reserves the right to terminate the attendance of any participant due to insubordinate issues without refund.

Guardian Signature: _____ Date: _____

Print Parent/Guardian: _____

I would like to receive monthly newsletters and other communications from the MDC: YES NO