

FRIENDS OF RYE NATURE CENTER'S Environmental Science Club

Fall, Winter, Spring 2018-19
6th and 7th Grade
Tuesdays 3:15 - 4:45 pm



ABOUT THE PROGRAM

Join FRNC's Henry Myers for a seasonal exploration of Rye Nature Center. Weekly sessions will tackle local environmental problems as well as teach students how to become better stewards of the earth.

Activities will include animal care, survival skills, American eel monitoring, box turtle tracking, and much more!

Pre-registration required. Snacks included!
Classes will be held on Tuesdays from 3:15-4:45 pm.



2018-19 PROGRAM OFFERINGS

You may sign up for one, two or all three sessions. If you would like to sign up for one session at a time, you may enroll in other sessions at a later date depending on availability. Please check your child's schedule carefully prior to registration.

Fall Session

October: 2, 9, 16, 23, 30
November: 13, 20, 27
\$160 members,
\$200 non-members

Winter Session

January: 8, 15, 22, 29
February: 5, 12, 26
March: 5
\$120 members,
\$150 non-members

Spring Session

March: 26
April: 2, 9, 23, 30
May: 7, 14, 21
\$160 members,
\$200 non-members

The program price for the full year is \$440 per child members and \$550 per child non-members.
Membership begins at \$100 for the year and may be added at registration.





Friends of Rye Nature Center's Environmental Science Club 2018-19

Child's Name: _____ Child's Date of Birth: ____ / ____ / ____

Address: _____ City, State Zip: _____

School: _____ Grade: _____

Primary Parent/Guardian Name: _____

Phone 1: _____ (cell) (home) (work)

Phone 2: _____ (cell) (home) (work)

Email: _____

All correspondence will go to the primary parent's email listed on this form. Please print clearly.

Parent/Guardian Two Name: _____

Phone 1: _____ (cell) (home) (work)

Phone 2: _____ (cell) (home) (work)

Email: _____

Please check which session/sessions you would like to register you child for.

Full year - 22 classes
\$440 per child members
\$550 per child non-members

Fall Session - 8 classes
\$160 per child members
\$200 per child non-members

Winter Session - 6 classes
\$120 per child members
\$150 per child non-members

Spring Session - 8 classes
\$160 per child members
\$200 per child non-members

FOR OFFICE USE ONLY: PAID \$ _____ CASH OR CHECK #: _____ DATE: _____

Friends of Rye Nature Center • 873 Boston Post Road Rye, NY 10580
p. 914.967.5150 • f. 914.921.5968
info@ryenaturecenter.org • www.ryenaturecenter.org



Environmental Science Club Emergency Contact Information

Child's Name: _____ Child's Date of Birth: ____ / ____ / ____

Please choose emergency contacts in the event parents/guardians cannot be reached.

First Emergency Contact Name (DO NOT LIST YOURSELF OR SPOUSE): _____

First Emergency Contact Phone Numbers: _____

Second Emergency Contact Name (DO NOT LIST YOURSELF OR SPOUSE): _____

Second Emergency Contact Phone Numbers: _____

Doctor Name: _____ Doctor Phone: _____

Medical Information

Is your child subject to any allergies, diet restrictions, limits on activities, asthma, or other medical problems?

If so, please explain: _____

Does your child have ADHD, emotional, behavioral, or learning challenges? If so, please explain and let us know the best way to connect with your child and/or address any challenges: _____

Is there anything about your child you would like FRNC staff to know? _____

Please indicate the number of children in your household and their ages: _____

Please indicate your child's medical/hospital insurance carrier: _____

Group Number: _____ Policy Number/Membership ID: _____

Policy Holder's Name: _____ Relationship to Child: _____

Carpool Permission (Optional): You child will only be allowed to leave with parents and pre-approved drivers. Please list any babysitters/nannies, friends, or relatives who may pick up your child.

Walking Permission (Optional): I hereby give permission for My Child to walk home from Rye Nature Center. I understand that I am releasing Friends of Rye Nature Center from responsibility and liability or claims which may arise out of, or in connection with, my child walking home from their program.

Parent Name: _____ Signature: _____ Date: _____



Friends of Rye Nature Center's Environmental Science Club 2018-19

I am the parent or guardian of _____ ("My Child") who intends to participate in the Environmental Science Club Program (the "Program") operated by Friends of Rye Nature Center ("FRNC"). I hereby consent to the participation of My Child in the Program and release FRNC, its officers, directors, agents, and employees (the "Released Parties") from and against, any and all claims, including injury to person, or for death, or from loss of, or damage to, property in any way connected to such participation. Further, I agree to indemnify and hold harmless each of the Released Parties, and all of them, from any liability they may incur as a result of My Child's participation.

I fully understand and acknowledge that: 1) risks and dangers exist by virtue of the nature of the Program activities of hiking, climbing, and outdoor games and my child's participation in hiking, climbing, and outdoor game activities, 2) such activities, my child's use of equipment related to, and/or participation in, such activities may result in illness or injury or death or damage to personal property and 3) these risks and dangers may be increased and damage may occur due to actions of other participants, or by accidents, forces of nature or other causes. I understand that such risks may arise from foreseeable or unforeseeable causes and that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I hereby knowingly and voluntarily accept and assume these risks and dangers and the risks of illness, injury or death or damage to personal property on my behalf and on behalf of my child.

In a medical emergency, I grant FRNC permission: 1) to take My Child to a hospital via motorized vehicle or ambulance and 2) to authorize examination and treatment of injuries, x-rays and any other necessary care for my child.

Parent Name: _____ Signature: _____ Date: _____

It is my intention that this release shall be interpreted as broadly and inclusively as permitted by law and that it shall be binding on My Child, my spouse, all of the members of my family and their heirs, executors and assigns.

Parent Name: _____ Signature: _____ Date: _____

Cancellation Policy: No refunds or credits will be given towards other programs, camps, or events if you cancel your enrollment. In the event you need to cancel, a tax receipt will be issued to you indicating that the program fee was converted to a charitable donation. Membership is non-refundable.

Parent Name: _____ Signature: _____ Date: _____

Photographic Permission and Release (Optional): I hereby grant FRNC permission to copyright, publish, use, and reproduce, in whole or in part, alone or with others, any photograph, moving picture, videotape or recording taken or made of My Child, in any medium, for any purpose related to the Program, whether or no My Child is named or otherwise identified, and i agree to waive any right of inspection or approval.

Parent Name: _____ Signature: _____ Date: _____