

Little Eco Steps Booking Form

Please fill in this form to request a space for your child/children. Please note this does not guarantee a space for your child/children.

Child's Information

Child's Name

First Name

Last Name

School

Class

Gender

Male

Female

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Parent/Guardian Information

Name

First Name

Last Name

Home Number

Area Code

Phone Number

Mobile Number

Area Code

Phone Number

E-mail

example@example.com

Emergency Information

Emergency Contact's Name

First Name

Last Name

Relationship

Phone Number

Area Code

Phone Number

Alt. Phone Number

Area Code

Phone Number

Does the Child have any allergies, chronic illness, or medical conditions? If yes, please describe.

Is the Child prescribed an inhaler? If yes, please explain any instructions.

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by Little Eco Steps. In exchange for the acceptance of said child's candidacy by Little Eco Steps., I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Little Eco Steps and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Little Eco Steps including all participants, teams leaders, careworkers and, if applicable, owners and lessors of premises used to conduct the event.

Medical Release and Authorization

As Parent and/or Guardian, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Little Eco Steps and its affiliates to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.