

The Health Adventure

2011-2012 Homeschool Course Registration Form

Student's Name _____ Student's DOB _____

Parent/Guardian Name _____ email _____

Address (Street, City, State ZIP) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Emergency Contact Phone _____

Please list any relevant medical conditions, allergies and reactions and/or any behavioral or physical disabilities: _____

Please check which course(s) your child will be attending. All courses are on Wednesdays from 1:30 - 3 p.m.

**Please note there will be no program on November 23rd due to the Thanksgiving holiday.*

<u>COURSE</u>	<u>AGES</u>	<u>DATES</u>	<u>AMOUNT ENCLOSED</u>
Focus on Physics*	9 - 11	Nov. 2 - Dec. 14, 2011	_____
Focus on Chemistry)*	7 & 8	Nov. 2 - Dec. 14, 2011	_____
Mostly Math	9 - 11	Feb. 22 - Mar. 28, 2012	_____
Focus on Biology (2-3)	7 & 8	Feb. 22 - Mar. 28, 2012	_____
Total Amt.			\$ _____

REGISTRATION: Pre-registration is required. Each course is \$75/student for members and \$105/student for non-members. Checks or money orders made payable to **The Health Adventure** enclosed with registration. To pay by credit/debit card, please call (828) 254-6373 x324. Confirmation will be mailed to you upon receipt of the registration and payment. Enrollment is not confirmed until full payment is received.

CANCELLATION/REFUND POLICY: If cancelled more than ten (10) days in advance, a 50% refund will be given. If cancelled within ten (10) days of program start, then no refund will be given.

CONSENT: I give my consent and approval for my child's participation in The Health Adventure's Homeschool Programs. I hereby authorize any medical treatment which may be advised or recommended by an attending physician while my child is participating in the program. I will not hold The Health Adventure or it's employees or volunteers responsible in case of accident or injury as the result of this program. I hereby give my permission to have my child's photograph taken as part of the Homeschool Programs. I understand that these photo may be used in future marketing materials.

Parent/Guardian Signature _____ Date _____