



Guam Nature Alliance

Registration Form

Name of Parent/Group Leader: _____

Email address: _____

Work/Day Phone: _____

- Please fill out the complete form, this includes a health waiver for every person participating,

Emergency Phone: _____

- Submit Registration for GNA Programs via email, fax or in person

Additional Phone Number: _____

• Guam Environmental Protection Agency

• Mariner Ave - Tiyan

If not available in an emergency please notify:

• Email = TammyJoAnderson.Taft@epa.guam.gov

Name: _____

- APPLICATION PACKETS ACCEPTED

ANY TIME BETWEEN 8 A.M. AND

4:30 P.M. Monday – Friday

Relationship to participants: _____

Work/Day Phone: _____ Emergency Phone: _____

INFORMATION ABOUT THE INDIVIDUALS PARTICIPATING

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

What activity are you registering for?

Participants may come to as many of the following activities as they desire.

- Limestone Forest hike (medium) Saturday, June 21, 9 a.m. meet at Agana Shopping Center
- Limestone Forest hike (medium) Sunday, June 22, 1:30 p.m. meet at Agana Shopping Center
- Coastal areas, sea grasses and mangroves (easy) Saturday, June 28, 9 a.m. meet at Agana Shopping Center
- Coastal areas, sea grasses and mangroves (easy) Sunday, June 29, 1:30 p.m. meet at Agana Shopping Center

Parent/Group Leader Signature: _____ Date: _____

Guam Nature Alliance Waiver Form

ONE WAIVER FORM PER PERSON. SIGNATURES REQUIRED FOR STUDENTS UNDER 18.

I, _____, as myself or parent or guardian of the minor _____, a participant in Guam Nature Alliance's educational programs, hereby execute this Consent for and on behalf of the minor or myself named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assign as to the terms of the Consent. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to identify and hold harmless the Government of Guam, the GNA, any employees and successors and assigns against any claims made or liabilities assessed against them as a results of (1) any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of this Consent, and (2) any treatment of the minor by any Medical Provider as hereinafter defined.

I understand that the Guam Nature Alliance will make all reasonable efforts to provide for the safety and well-being of my child. However, I also understand that injuries can occur in the normal course of play or creative activities with other children. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to the this program or any related activities. I authorize any such Medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the result of any medical treatment. I also understand that I am responsible for payment of any medical expenses, including the transportation charges, incurred by my child as a result of his or her participation in this program.

Do you carry family medical/hospital insurance? _____ Yes _____ No

If so, Carrier _____ Policy or Group Number: _____

Child's Name (Please Print last, first, MI) _____ Date of Birth (mm/dd/yyyy) _____

Name of Parent or Guardian Contact Numbers _____

In case of an emergency and parents cannot be reached, please contact this individual:

_____ Relationship to child _____

Contact Number _____ Additional contact number: _____

Parent/Guardian Signature: _____ Date: _____

Guam Nature Alliance

Acknowledgement Form

I, _____, as parent or leader of the minor
_____, a participant in the Guam Nature Alliance
educational programs, understand the following:

- **Participants should bring the following to GNA events.**
 - **Sturdy, Closed-toe shoes**
 - **Water bottle**
 - **Sunblock**
 - **Bug Spray**
 - **Snack**
 - **Towel**
 - **Backpack**
- Participants may be engaging in various activities of projects that get their clothes dirty. If you are concerned about this, please send extra clothing with your child.
- Some of the GNA activities include hiking or outdoor activities. Please note the following information
- How strong of a hiker is the participant mentioned above?
 - **Not a hiker** (I do not feel comfortable with this child hiking) _____
 - **Weak hiker** (The child can hike short distances with little to no incline) _____
 - **Medium hiker** (The child can hike for more than 30 minutes with a small incline) _____
 - **Strong hiker** (The child can hike for more than 60 minutes with medium inclines) _____
 - **Very strong hiker** (the child is an avid hiker and can manage long distances and inclines) _____
- The Guam Nature Alliance's educational programs are meant to be a fun and educational experience for all children. Therefore if the staff has disciplinary problems with a child who may be hindering other participants' experience, the coordinator will contact the child's parents or guardian to determine what, if any action is necessary.
- Parents that have concerns should address them to the coordinators during the event or , or Tammy Jo Anderson Taft at 300-4761/988-7582 or email tammyjoanderson.taft@epa.guam.gov.

I have read and hereby understand the expectations of the aforementioned child.

Parent/Guardian Signature: _____ Date: _____