

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 EEC Programs via email, fax or in person

Additional Phone Number: _____

• Guam Environmental Protection Agency

• Mariner Ave - Tiyan

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

If not available in an emergency please notify:

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 WORKSHOP ARE YOU REGISTERING FOR

Participants may attend as many of the following workshops as they desire.

- ☐ **Healthy Guam. Healthy You** (High School students only - see other form) Friday, April 5, 8:30 a.m. to 2:30 p.m. UOG
- ☐ **Composting and Sheet Mulching workshop** Sat. April 6, 10 a.m., UOG Triton farm and Ag Experiment Station, Dededo
- ☐ **Guam's oldest residents** Sun. April 7, 2 p.m., National Park Service Visitors Center - Sumay
- ☐ **LEED and Sustainability Tours** Fri. April 12, 1 p.m., 2 p.m. and 3 p.m., Guam Community College Library, Mangilao
- ☐ **Right tree for the right place** Sat. April 13, 10 a.m., University of Guam
- ☐ **Your home. Less waste** Sun. April 14, 2 p.m., National Park Service Visitors Center - Sumay
- ☐ **Connecting Ridge to Reef** Sun. April 21 - 2 p.m., National Park Service Visitor's Center - Sumay
- ☐ **Did you see that snake?!** Sat. April 27, 10 p.m., Guam Department of Agriculture
- ☐ **Where does dirt come from?** Sun. April 27, 2 p.m., National Park Service Visitors Center - Sumay
- ☐ **Love the Ocean safely** Sat. May 4, 9:30 a.m., UnderWater World Tumon

Parent/Group Leader Signature: _____ Date: _____

EARTH DAY 2013 ENVIRONMENTAL EDUCATION COMMITTEE

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 Environmental Education Committee'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 EEC, 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 Environmental Education Committee 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: _____