

# REGISTRATION FORM

Name of Parent/Group Leader: \_\_\_\_\_

Email address: \_\_\_\_\_

Work/Day Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Additional Phone Number: \_\_\_\_\_

*If not available in an emergency please notify:*

Name: \_\_\_\_\_

Relationship to participants: \_\_\_\_\_

Work/Day Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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

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

- Guam Environmental Protection Agency
- Mariner Ave - Tiyan
- Email = TammyJoAnderson.Taft@epa.guam.gov

- APPLICATION PACKETS ACCEPTED ANY TIME BETWEEN 8 A.M. AND 4:30 P.M. Monday – Friday

## INFORMATION ABOUT THE INDIVIDUALS PARTICIPATING

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

## WHAT ACTIVITY ARE YOU REGISTERING FOR

Participants may participate in as many of the following activities as they desire.

- Amazing Freshwater Tour** (All ages) SAT, MARCH 30 3 p.m., or SAT. APRIL 27 at 2 p.m. Ypao beach
- Ready, Set, Snorkel, Asan** (All ages) SAT, APRIL 6 - 8 a.m., Asan beach
- Cave Tours at Ritidian** (All ages) SAT, APRIL 6 - 9:30 a.m., noon and 2:30 p.m., National Wildlife Refuge Nature Center - Yigo
- Hiking with History** (All ages/abilities welcome) SAT, APRIL 13 - 9 a.m., Meet at Asan beach
- Kid's Freshwater Fishing Derby** (All can fish. 17 and under can compete) SUN, APRIL 14 - 7 a.m. to noon, Masso Reservoir Nature Area near Veteran's Cemetery in Piti.
- Curious George Swings into Spring** (Focus on 12 and under) SAT. APRIL 20 - 9:30 a.m. to noon, Agana Library
- Tarague Basin Beach Cleanup** (All ages/abilities welcome) SUN. APRIL 21 - 8 a.m., Tarague Beach, Andersen AFB
- Kids Scavenger Hunt** (All ages/abilities welcome) SAT. APRIL 27 - 8 a.m., Masso Reservoir Nature Area in Piti.
- For the Love of Guam Run** (All ages/abilities welcome) SAT. MAY 4 - 6 a.m., GPO (5K forms at Hornet)
- Love the Ocean safely** (All ages/abilities welcome) SAT. MAY 4 - 9:30 a.m. a.m., UnderWater World, Tumon

Parent/Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: \_\_\_\_\_