

PO Box 424, Canton, NY 13617 315-244-3034 deeprootcenter@gmail.com

Summer Workshops Registration 2015

Child's Name(s):			
Home Phone:	Cell	Work	
Email:			
Person to Contact (other t	han parent or guardian) in case of emerg	gency:	
Name:	Relationship)	
Phone: (Day)	Cell:		
Family Physician	Insurance Provider	ID#	
Special medical information	on we should know (including allergies):_		-
Please check the week(s)	your child/ren will be attending.		_
July 6-10 July 20-	-24 August 3-7 August 17-21	9am – 3pm - Daily	
Fees: Pre-registration	\$150 - Registration first day of works	shop \$175 Checks payable to Deep Root Center	
	Release and Photo I	Permission	
Learning (DRC), I hereby re limited to, Jim Snell, the own	lease DRC and it's governors, officers, director	dren in the activities of/at Deep Root Center for Self-Directe ors, volunteers, employees and it's affiliates, including, but number ability for injuries or loss which I or my minor child/children	ot
accept these risks for me and	I my child/children and agree to hold harmless yees and it's affiliates, including, but not limit	entially dangerous materials or traveling. However, I fully s and free from and liability DRC and it's governors, officers ed to, Jim Snell, the owner of the building facility for injurie	
From time to time we take p	ictures during DRC's daily activities. We wou	ald like your permission to use these pictures on our website,	ir
-	•	nild by full name (first name only) or provide any specific	
	•	we will use them exclusively for DRC's purposes.	
	•	's website, promotional materials, and/our blog.	
•	eive regular emails and updates		
Yes, I know a youth w	ho would be interested in Deep Root Center's	regular programming. Please contact me.	
Child/ren's name:			
Parent/Guardian's Name (Please Print):		