

HAWK CIRCLE PROGRAM APPLICATION

Program Name(s): _____ Program Date(s): _____

Applicant's Name: _____ Date of Birth: _____ Age: _____ M/F (please circle)

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____ Email: _____

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Do you have any dietary restrictions? (We are not able to accommodate extensive dietary issues. Those students who have special diets are encouraged to bring foods from home to supplement our meals in certain instances. Please call for more information.)

How did you find out about us? _____

What is your main reason for attending this program? _____

The Fine Print: Due to our Policy of not overbooking our programs, we require a \$400 non-refundable deposit. This must accompany your application. The remaining balance is due no later than May 15th. Any payment plans must be approved by the main office in advance of your program start date. Payments received after May 15th will be subject to a 5% late fee. ••We will refund your deposit in the event that we cancel the program. If you need to cancel, please notify us immediately. For cancellations made two weeks prior to the start date of the program, we will refund your full balance minus the deposit. For cancellations made within the two weeks to the start date of the program, we will transfer your balance minus the deposit over to another program of your choice to be used within one year's time. There will be no refund for any portion of your tuition for cancellations made within 48 hours of the start date of the program. Any person who leaves during the middle of a program due to illness, injury, expulsion, or any other reason will not be refunded any portion of the course fee.

Release

I understand that I (or my child) will be participating in activities that are outdoors, and have inherent risks of injury due to weather, accidents or other variables. I certify that I (or my child) do not suffer from any medical condition, ailment, or other condition which could in any way limit my ability to participate in the activities required in the course / program I have chosen, or that I have fully disclosed my limitations to Hawk Circle directors for personal program modifications. I hereby assume full responsibility for these risks which may be associated with, and all injuries which may occur to me (or my child) in connection with my participation in the program. I hereby release and hold harmless Earth Mentoring Institute & Hawk Circle Programs, its agents, and others working for Hawk Circle on its behalf, from and against any and all claims, liabilities, injuries, or accidents (including, without limitation, any claims for personal injuries and any claims based on any negligent acts, omissions, or other fault on the part of any of the parties connected with, or who participate in, the course) resulting from, or in any way connected with, my participation in the course. **Media Release:** I also give my consent for the Earth Mentoring Institute and Hawk Circle Programs to use my photo and likeness in the event of a class picture or for use on brochures, promotional material, newsletters or website. I represent and warrant that I am over eighteen years of age.

Camper's Signature

Name (please print)

Date

Parent's Signature

Name (please print)

Date

Please Make Checks Payable To (in U.S. Dollars) :

THE EARTH MENTORING INSTITUTE OR HAWK CIRCLE

Amount Enclosed \$ _____ Check Number _____

We Accept Visa and Mastercard CC# _____ EXP / /

Thank You! We are looking forward to meeting you!

Mail Completed Application and Deposit to : Hawk Circle, P.O. Box 506, Cherry Valley, NY 13320

Contact Info: HawkCircleOffice@gmail.com (607) 264-3396 Office (607) 264-3256 Fax