

# Week in the Woods

## Adult/Youth Co-Learner Registration Form

JUNE 29 – JULY 3, 2012

Space available at Week in the Woods is limited. For information about availability before registering, please call John Manthei at (907) 455-4547.

The term "Sponsor" refers to the **responsible adult** accompanying students under the age of 18. (No more than 2 students per adult sponsor, unless approved by Director of Youth Activities.)

<b>Sponsor's Name:</b> _____		
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Phone:</b> _____	<b>Cell:</b> _____	
<b>Email:</b> _____		
<b>Emergency Contact:</b> _____		
<b>Phone:</b> _____	<b>Cell:</b> _____	

<b>Student's Name:</b> _____	<b>Age:</b> _____
<b>Student's Name:</b> _____	<b>Age:</b> _____
<b>Emergency Contact:</b> _____	
<b>Phone:</b> _____	<b>Cell:</b> _____

### Mass-Media, Print and Graphic Image Release

I **grant / do not grant** (circle one), Week in the Woods permission to use my photograph and name, and my students' photographs and names as part of mass-media, print and/or on-line public information in recognition of Week in the Woods. I understand that images published on the World Wide Web are not fully protected under copyright laws.

X

\_\_\_\_\_  
**Signature of Sponsor**

\_\_\_\_\_  
**Date**

**Sponsor's Statement of Responsibility**

I accept full responsibility for my student's actions and behavior during Week in the Woods. I will not hold Week in the Woods staff or organizers accountable for any personal injury or damages which may occur at Week in the Woods that are not caused by Week in the Woods staff's sole negligence. I will not use electronics of any kind except in emergencies.

x \_\_\_\_\_  
**Signature of Sponsor** **Date**

**Proof of Insurance**

All participants (Sponsors and youth) are asked to show proof of health insurance by presenting their insurance policy number and the name of the insurance provider. Applicants who fail to show proof of insurance will not be registered.

**Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

I hereby acknowledge that the health insurance policy information provided above is accurate and effective through July, 2012.

x \_\_\_\_\_  
**Signature of Sponsor** **Date**

**Summary of Fees**

**Family Registration Fee** **\$425.00**..... \_\_\_\_\_  
*(This fee covers one Sponsor and one student)*

**Additional Student Fee** **\$200.00**..... \_\_\_\_\_  
*(per child)*

**Tool Kit Purchase** *(Each Sponsor is required to purchase a tool kit. Includes: hook knife, Sloyd knife, small straight knife, sharpening supplies and tool bag.)*  
**\$114.00**..... \_\_\_\_\_

**Student Knife Kit** *(Each student is required to purchase knives. Kit includes one hook knife and one Sloyd knife.)*  
**\$40.00**..... \_\_\_\_\_

**Total Fees**..... \_\_\_\_\_

(Please make checks payable to "Week in the Woods")

**Please send completed forms and payment to:** **Week in the Woods**  
**c/o John Manthei**  
**1600 Goldenview Dr.**  
**Fairbanks, AK 99709**