

# Week in the Woods

## Registration Form

July 12- 16, 2010

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

Fill in one or both boxes below. The term "Student Guardian" refers to the **responsible adult** accompanying students under the age of 14.

<b>Student's Name</b> _____	<b>Age</b> _____		
<b>Address</b> _____	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Phone ( )</b> _____	<b>E-Mail</b> _____		
<b>Emergency Contact Phone</b> _____	<b>Cell</b> _____		

<b>Student Guardian's Name</b> _____		
<b>Address (if different from student's)</b> _____	<b>City</b> _____	<b>State</b> _____
<b>Phone ( )</b> _____	<b>Email</b> _____	

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

**I grant do not grant,** Week in the Woods permission to use my photograph and name, and my student's photograph and name 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 Student or Guardian**                      **Date**

**Guardian'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.

x \_\_\_\_\_ / \_\_\_\_\_  
**Signature of Guardian** **Date**

**Proof of Insurance**

Students and Student Guardians 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 Number** \_\_\_\_\_

I hereby acknowledge that the health insurance policy information provided above is accurate and effective through July 10, 2009.

X \_\_\_\_\_ / \_\_\_\_\_  
**Signature of Student or Guardian** **Date**

**Summary of Fees**

**Child (Under 14) Student Fee** \$265.00..... \_\_\_\_\_

**Adult Student Fee** \$325.00..... \_\_\_\_\_

**Ed F595P Student Fee** \$465.00..... \_\_\_\_\_

*(UAF credit fee of \$90 paid separately to UAF when enrolling).*

**Tools kit purchase** \$60.00..... \_\_\_\_\_

*Students are required to bring the following tools: Crooked knife, Sloyd knife and sharpening supplies.*

*A tool kit including these items is available for purchase.*

**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**  
**P.O. Box 84035**  
**Fairbanks, AK 99708**