

The Mountain Institute Homeschool Program May 16-18th 2010 Registration Form

Name: _____

Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (____) _____

Email Address: _____

Dietary Restrictions: including food allergies, vegetarian, lactose intolerant, etc. We always have vegetarian options, and will do our best to accommodate allergies, etc. Please be specific.

Payment information: Please circle your participation level

Day participation, no lunch	Day participation, with lunch	Sunday night-Tuesday afternoon all meals and lodging included	Monday morning arrival, staying overnight, all meals included
\$43/day or \$86/both If you're only coming for one day, please circle: May 17 May 18	\$49/day or \$98/both	\$220	\$185

Payment Type: Check (make check payable to The Mountain Institute) or Credit Card: Visa / MC / AmEx

Name (as it appears on card) _____

Number: _____ - _____ - _____ - _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

****If the program is cancelled due to low enrollment, you will receive a full refund. Otherwise, payment is non-refundable.**

Please mail the completed form with your full tuition payment and medical release form to:

The Mountain Institute
The Monongahela Building
235 High Street Suite 706
Morgantown, WV 26505

If you would prefer to pay by phone, please call (304) 413-0114

THE MOUNTAIN INSTITUTE MEDICAL RELEASE

Student Name (print) _____ Age _____ Height _____ Weight _____

Address _____

Dietary restrictions _____

Allergies (bee, food, medications, etc.) _____

Recent injuries or illnesses _____

Date of last tetanus _____

Other medical concerns that might affect your trip to TMI: _____

Please list any medications you are taking. If you are sending an EpiPen please send 2 as well as the appropriate dose of oral Benadryl due to our remote location:

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

Emergency Contact Numbers Home _____ Work _____

Contact Name _____ Relationship to student _____

I understand that the **The Mountain Institute (TMI)** will take every reasonable precaution against accident or injury during the school trip. If a medical emergency occurs while participating in the TMI programs and I cannot make decisions, TMI may select any licensed physician to secure and administer medical treatment, including hospitalization and surgery for me or my child and as needed. I understand any medical expense so incurred will be my financial responsibility. I further release TMI, their staff, and governing board from any liability in case of accident or injury. I have listed all the information concerning allergies, unusual medical history or conditions, dietary restrictions and regular medication that I or my child may take.

Parent or Guardian's Name (print) _____

Parent or Guardian's Signature _____ Date _____

CONTINUED ON BACK

Permission to use Images

The Mountain Institute relies on the use of images of program activities and student feedback for recruitment purposes, as well as to report to and solicit financial donors. TMI staff often take photographs informally throughout the duration of a program and these serve as our image library. Also, students are asked to complete evaluations at the end of a course. By signing below you agree that The Mountain Institute has the right to use pictures or statements by, of, or about you or your child for aforementioned uses.

Name: _____ Date: _____

Nondiscrimination Policy

The Mountain Institute follows a policy of uniform nondiscrimination with regards to sex, age, race, religion, sexual orientation, and country or origin.