



Montessori Nature Camp
with Marie Adele Weaver
at Red Wing Park
Summer 2018

Child's Name _____

Date of Birth _____

Parents' Names _____

Parents' Phone Numbers _____

Parents' E-mail _____

Emergency Contact/Relationship/Phone Number

List anyone else who is authorized to pick up your child. _____

Does your child have any allergies or medical conditions?

Is there anything else that would be helpful to know about your child?

Dates of camp attending _____

Make checks payable to Well Marie Adele. Please mail this form with payment to:

Well Marie Adele
1928 Pleasant Ridge Rd.
Virginia Beach, VA 23457

Registration is on a first-come, first-served basis. A payment will only be refunded if a select week does not run due to the minimum number of campers not having been met, or if the maximum number of campers has already been met. The cancellation policy is based on the time, resources and staffing that goes into planning a camp. We cannot recover these expenses if you cancel. Cancellations made on short notice can also prevent others from attending. All programs have a non-refundable, \$25 deposit.

- Cancellations made at least 15 days prior to the first day of camp will receive a full refund, minus a \$25 non-refundable deposit.
- Cancellations made between 8 and 14 days prior to the first day of camp will receive a refund of 50% of the total camp tuition.
- Cancellations made 7 days or less prior to the first day of camp, or after the start of a program, are not refundable.

Oops Policy: You have 48 hours from the time of purchase to cancel your registration with no penalty. (Cancellation must be requested prior to the start of the program.)

Waiver and Release: My child has my permission to participate in all camp activities. In the case of an emergency, I hereby request and authorize any physician, hospital or healthcare provider to provide medical treatment promptly, whether or not I may be contacted or informed. I am the Parent or Legal Guardian of the above-named child, who is under the age of 18 years and who wants to participate in Well Marie Adele programs. In consideration of my child/ward's participation in the programs, I hereby release, waive, indemnify and discharge Well Marie Adele and all of its instructors, employees, officers, directors, agents, sponsors, and volunteers from any and all liability to me, my child or ward and to all my legal representatives, assigns, heirs, and next of kin, for damage and injury to my child or ward or to any person or property arising out of participation in the program, and of future use of materials and other objects created during the program whether on Well Marie Adele property or elsewhere. Well Marie Adele may use any student drawings, journal excerpts, video and any photos taken during the program for promotional purposes.

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I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS, THE WAIVER AND
RELEASE OF ALL CLAIMS FOR PARTICIPATION IN WELL MARIE ADELE'S NATURE
SCHOOL PROGRAM.

Parent/Guardian Signature _____

Date _____

Printed Name of Parent/Guardian _____

Want to help others know about our programs? Please tell us how you first heard of Well Marie
Adele programs: ___Web Search ___Flyer ___Friend ___Social Media
_____Other

Contact Marie at hello@wellmarieadele.com.

