



YOUTH PROGRAM APPLICATION

Instructions: Parent or legal guardian should complete one form for each child attending our programs.
No need to complete the medical form if we already have a current one on file.

GENERAL INFORMATION

Today's Date _____

Child's Name _____ Male Female Date of Birth _____

Mother/Guardian's Name _____ Phone(_____) _____

Address _____ City _____ State _____ Zip _____

Mother's/Guardian's Email Address _____

Father/other Guardian's Name _____ Phone(_____) _____

Address _____ City _____ State _____ Zip _____

Father's/other Guardian's Email Address _____

Is this the participant's first Twin Eagles program? Yes No Year of first Twin Eagles program _____

EMERGENCY CONTACT INFORMATION *for minors, in case parents or guardians are not available.*

Name _____ Relationship _____ Phone(_____) _____

HEALTH INSURANCE INFORMATION

Participants (or their parents) are responsible for all medical expenses. Health insurance is recommended but not required.

Is participant covered by any hospitalization care policy? Yes No

Insurance Company Name _____ Group # _____ Policy # _____

Address _____ City _____ State _____ Zip _____

Does insurance company require pre-authorization? Yes No If yes include phone(_____) _____

Note: Please attach a copy of your insurance card (both sides) in order to ensure coverage.

HEALTH INFORMATION

All information is kept confidential and is meant to provide a supportive and safe atmosphere for all involved in the program.

Allergies/Intolerance to any insects, plants, foods, medications, etc.

Please list below and describe reactions (if you know them) to any of the above

Vegetarian or any other special dietary needs?

Does participant take any kind of medication? Yes No

If yes, what and since when? What conditions are the medications required for? Experiencing any side effects?

Do you understand that in order to administer prescription drugs to your child, we require the original labeled bottle or written directions from a doctor?

First Aid supplies include bandages, antibiotic ointment, povidone iodine, benadryl, etc. We also have alternatives such as some homeopathic remedies, rescue remedy, herbal salves, etc.

Please indicate if there is anything you definitely want us to use or not use if an accident or incident occurs.

If we don't hear from you, we will follow basic first aid protocol.

Any physical/medical issues or limitations we should be aware of? If so, please describe and state how issues or limitations may present and how they may affect participant's time while in our care.

Any mental/emotional/psychological issues or limitations we should be aware of? If so, please describe and state how issues or limitations may present and how they may affect participant's time while in our care.

ADDITIONAL INFORMATION

Are you comfortable sharing your contact info with other families for carpooling?

How did you first hear about Twin Eagles Wilderness School? Please be specific by including names of people, publications, events, websites, etc.

Please describe participant's current comfort level while outdoors. Consider time in adverse weather conditions, different seasons, etc.

What do you hope to gain from this program?

Program Name and Location	Program Dates	Tuition
Twin Eagles Scholarship Fund Donation		\$
Subtotal		\$
Discount or Scholarship <i>(must be approved by Twin Eagles)</i>		(\$)
Total Due		\$
Amount Enclosed <i>(If not paying in full, a deposit is required to hold a space. Please see our website for program specific deposit amounts. Please make checks payable to Twin Eagles Wilderness School.)</i>		\$
Balance Due <i>(please see our website for program specific payment due dates)</i>		\$

NON-ATTENDANCE POLICY

I understand that tuition at Twin Eagles Wilderness School is paid as a flat rate and is not discounted or credited for days of non-attendance such as sickness, family vacations, or any other reason.

CANCELLATION AND TRANSFER POLICY

Twin Eagles Wilderness School has implemented this cancellation policy based on the time, resources, and staffing that goes into planning and facilitating our programs. Cancellations and transfers cost us time and money, and can prevent others from attending. If you cancel or ask to transfer your child to a different program for any reason:

- Cancellations and transfers made 14 or more days before the first day of the program will receive a full refund, less \$50 non-refundable deposit per individual registration.
- Cancellations and transfers made 1-13 days before the first day of the program will receive a refund of 50% of the total program tuition.
- Cancellations and transfers made the first day of the program and later will receive no refund or credit. This includes if you do not show up.

LATE FEE POLICY

I understand that payments are due on the dates specified. If my payment is late, I agree to a \$25 late fee, and an additional \$25 late fee for each additional month my payment is late.

Twin Eagles Wilderness School is a Pet Free, Tobacco Free, Alcohol Free, and Drug Free environment.

Twin Eagles Wilderness School will expel any student who displays unsafe or inappropriate behavior or who disrupts from the educational mission of our programs. If a student is expelled, there will be no refund.

Parent/Guardian Signature _____ Date _____

Printed Name of Parent/Gaurdian _____

**Please send this completed form with payment to:
Twin Eagles Wilderness School, 433 Cedar Springs, Sandpoint, ID 83864**