

# Wilderness Way School

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(607) 687-9186

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Webpage: www.wildernesswayschool.com

## Class Registration Form

Class Number: \_\_\_\_\_ Class Date(s): \_\_\_\_\_  
Class Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Emergency Contact Information:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

### Payment Information: Make checks payable to **Wilderness Way School**

A nonrefundable portion of the class tuition, is the minimum amount to be submitted with this form. The nonrefundable amount is 50% of the class tuition, or \$50, whichever is less. The balance of the tuition (if full payment not made initially) is due in full prior to the first day of class, otherwise attendance will be denied. If class is already filled upon application arrival, or if the school cancels the class, all registration fees will be returned in full. Once registered, if a student cancels their enrollment all fees in excess of the nonrefundable amount will be returned.

### Payment History (do not write, office use only):

Class Tuition: \_\_\_\_\_ Amount submitted with application: \_\_\_\_\_ Balance due: \_\_\_\_\_  
Application receive date: \_\_\_\_\_ Payment method: \_\_\_\_\_ Check No: \_\_\_\_\_  
Balance rcv. date: \_\_\_\_\_ Payment Amt: \_\_\_\_\_ Payment method: \_\_\_\_\_ Check No: \_\_\_\_\_

### Waiver and Release: (Forms not signed and dated will be returned)

*I, the undersigned, do hereby state that I am fully aware that primitive skills, tracking, and nature awareness training, under the safest possible conditions may be dangerous, and hereby agree to accept full responsibility and assume all risks, and release the Wilderness Way School, and their agents, from any claims resulting from any injuries I might receive. Additionally, I agree to obey the rules and regulations that the Wilderness Way School puts into effect to minimize these risks.*

*My signature below indicates my acceptance of these terms.*

*Applicant Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_