

# HOMESCHOOL DAYS REGISTRATION

**Event Information:**

Select program date:  March 22     April 25     May 12

Program begins at 10:00a and ends at 1:30p. Please arrive 15-20 minutes early to complete check-in. Each group will be provided a lunch break at our outdoor picnic tables. In the case of inclement weather, lunch will be moved indoors. Please pack a lunch that does not require refrigeration or a microwave.

Ages 3 & up are \$10 each. Chaperones and children 2 & under are free. Prepayment required at least five days prior to event date. **Registration is not confirmed until payment is received.** See the Participant Agreement for information regarding refunds.

Each group/family must have at least one adult chaperone. For groups of more than 10, please provide chaperones at a ratio of no less than 1:10. Chaperones are expected to be active in monitoring their students and addressing any discipline issues.

**Registrant Information:**

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Homeschool Organization (if applicable): \_\_\_\_\_

How did you hear about Homeschool Days? \_\_\_\_\_

**Participant Information:**

Please indicate the number of children (ages 3 & up) at each grade level:

_____ Pre-K	_____ 3 <sup>rd</sup>	_____ 7 <sup>th</sup>	_____ 11 <sup>th</sup>
_____ Kindergarten	_____ 4 <sup>th</sup>	_____ 8 <sup>th</sup>	_____ 12 <sup>th</sup>
_____ 1 <sup>st</sup>	_____ 5 <sup>th</sup>	_____ 9 <sup>th</sup>	_____ Other (describe):
_____ 2 <sup>nd</sup>	_____ 6 <sup>th</sup>	_____ 10 <sup>th</sup>	_____

Paid participants: Total number of children ages 3 & up: \_\_\_\_\_

Free attendees: Adults: \_\_\_\_\_ Children 2 & under: \_\_\_\_\_

If anyone in attendance has special needs (wheelchair, etc.), please describe below:

\_\_\_\_\_

**Submit Your Request**

E-mail to [dcac@audubon.org](mailto:dcac@audubon.org) or fax to (972) 291-6430. Include this page and the Participant Agreement. If paying via credit card without coming to the center in person, return page 4 for credit card authorization.

**The Liability Form (page 3) must be completed for each participant/attendee and can be submitted via fax or e-mail prior to the program date or delivered in person at check-in.**

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## PARTICIPANT AGREEMENT

### Change in Program Attendance Numbers

- All modification requests must be in writing to [dcac@audubon.org](mailto:dcac@audubon.org).
- Modifications can be made without penalty **up to 5 calendar days** prior to the program date.
- Modifications in the participating student headcount made **less than 5 calendar days** prior to the program date, or who are present on the day of the program exceeding the invoiced headcount will be charged **DOUBLE** the per student program rate.
- Any charges due to excess attendance or change to headcount within the 14 days prior to the program date must be paid at check-in on the day of the program.

### Cancellations

- All cancellation requests must be in writing to [dcac@audubon.org](mailto:dcac@audubon.org).
- Cancellation requests received **less than 5 calendar days** prior to the program date will not receive a refund. Cancellation requests received **more than 5 calendar days** prior to the program date will receive a full refund within 45 days.
- If no cancellation request is received at [dcac@audubon.org](mailto:dcac@audubon.org), no refund will be provided.

### Inclement Weather Policy

- Never assume that the program has been canceled. We hold programming rain or shine and cancel only when conditions are unsafe for travel. Students and adults should come prepared to spend time outdoors. If a rainy day suddenly becomes sunny, we may take advantage of the break in the weather.
- Audubon will attempt to communicate with the primary contact as soon as possible if the weather forecast requires that we consider cancelling or postponing the program.
- If Audubon chooses to cancel a scheduled program, we will attempt to reschedule. If we are unable to coordinate another date, a full refund will be issued. We will call the phone number for the primary contact as soon as possible.
- Dogwood Canyon Audubon Center follows the Cedar Hill Independent School District inclement weather closings and delays. Programs are considered canceled in the event of an inclement weather closing or delay by Cedar Hill Independent School District.

### Participant Expectations

- All participants and attendees must have a completed and signed Liability Form on file prior to the start of the program.
- All students, adults and additional children are expected to conduct themselves in a manner that does not interfere with the educational program. This includes respect for Audubon educators, respect for other program participants and respect for Dogwood Canyon Audubon property.
- Discipline is the responsibility of the chaperoning adult. If a student's behavior is deemed disruptive to other participants or the program activities, they can be dismissed from the program without a refund.
- Adult chaperones are required to be present for the duration of the program and limit cell phone use to emergencies.
- The program is designed for student participation. Program supplies and materials are only supplied for the number of students attending. While we encourage adult chaperones to be active participants in the program with their students, we will only provide materials for students.

By signing below, you acknowledge that you have read, understand and agree to the Participant Agreement hereinabove.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**NATIONAL AUDUBON SOCIETY RELEASE OF LIABILITY AND USE OF IMAGE  
 BY PARENT/GUARDIAN OF MINOR PARTICIPANT  
 IN DOGWOOD CANYON AUDUBON CENTER PROGRAM**

**Each participant, including adults and free children, must have a completed release on file prior to participation. Parent/guardians may list multiple children on one form. Therefore, one form per family is accepted.**

Name of Program: Homeschool Days Program Date: \_\_\_\_\_

Names and ages of all children in family: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Names of all adult attendees in family: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**All adult participants must sign below.**

Street address (including city, state and zip code): \_\_\_\_\_

As the person, or parent and/or legal guardian of the Participant named above, I wish to or for my child to participate in National Audubon Society's ("Audubon") Program identified above ("Name of Program"). I understand there are possible dangers associated with the Program, including but not limited to poisonous plants, biting and/or stinging insects, animals, adverse weather conditions, transportation to sites, etc.

I understand that participation in the Program may involve sustained physical activity. I and/or my child is in good health and I am aware of no physical problem or condition that will limit or interfere with the ability to participate in the Program. I agree that I and/or my child is participating in the Program at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program. I understand that the Program may include visits to museums, parks or other sites within 30 miles of the Center.

I agree and understand that photographs, and/or video which include my or my child's image, taken at the Program may be used in Audubon's publications for Audubon's advertising, publicity, commercial or other business purposes. I hereby give Audubon permission to duplicate and distribute the photographs/video, or any parts thereof which include my or my child's image, in perpetuity in any manner and in all media, including the Internet, whether now or hereafter devised. I waive any right to inspect or approve the finished version(s).

**I expressly release and hold harmless Audubon and its officers, directors, employees, agents, licensees, successors, and assigns from and for any and all claims, demands, actions, and causes of action whatsoever on account of any loss, damage, or injury to person or to property suffered or incurred by me or my child, except by Audubon's negligence, in connection with the Program or any aspect of it, including, but not limited to, any transportation arranged by, paid for, or provided by Audubon.**

This release shall be binding upon me, my heirs, next of kin, executors, administrators, and assigns. By signing below, I acknowledge that I have thoroughly read and understood this form and that the statements I have made are all true.

All adult participants and at least one parent/guardian for all children must sign.

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check if parent/guardian for listed children

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check if parent/guardian for listed children

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check if parent/guardian for listed children

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check if parent/guardian for listed children

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## One-Time Credit Card Payment Authorization Form

*Payment options:*

*In person or via mail: cash, credit cards, checks made payable to "Dogwood Canyon Audubon"  
By fax or phone: requires signature on One-Time Credit Card Payment Authorization Form*

Sign and complete this form to authorize **National Audubon Society, Inc. dba Dogwood Canyon Audubon Center** to make a one-time debit to your credit or debit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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**Please complete the information below:**

I \_\_\_\_\_ authorize National Audubon Society, Inc. dba Dogwood Canyon Audubon Center to charge my credit card account indicated below for \$ \_\_\_\_\_ on or after the date of my signature below.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____	Expiration Date	_____	
Security Code	_____ (3 digit code on back of card)			
Billing Address	_____			
City, State Zip	_____			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.