

CHILD'S APPLICATION FORM

for admission of the child to the WILD CHILD'S SANCTUARY between May 12th – October 28th 2018 within the opening hours (closed on Mondays) at 8 Dolna Panny Marii street.

The personal details given below are for the sole purpose of providing the child with safety. They are not subject to archiving nor will they be transferred to any other entities.

I. PARENT / LEGAL GUARD DETAILS

1. First and last name
2. Contact number

Second legal guard:

1. First and last name
2. Contact number

II. CHILD'S DETAILS

1. Child's first and last name
2. Age

Submitting my child to use of the WILD CHILD'S SANCTUARY, I declare that I have read the binding REGULATIONS, I know the formula for its functioning (on the principle of Adventure Playground) based on an independent choice of activities within the Reserve as well as the possibility of exiting it freely by the child.

I am aware that the activities within the Reserve will include, i.a. the use of tools (such as screwdrivers, hammers, saws, etc.), constructing simple buildings or games from the borderline of sport and recreation, direct contact with nature. All these activities involve a RISK, to which I agree with the simultaneous awareness of the organizers' efforts to ensure safety.

I have also familiarized my child with the HONORARY CODE that is in force in the Reserve and I have obliged him/her to comply with it.

(date) (signature of the mother, father or guardian)

INFORMATION OF PARENTS (GUARDIANS) ABOUT CHILD'S HEALTH

(eg. what is the child allergic to, whether he is taking solid medications and in what doses, does he wear orthodontic braces or glasses, or has any ailment that the caregiver should know of)

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I DECLARE THAT I HAVE GIVEN ALL INFORMATION KNOWN TO ME ABOUT THE CHILD WHICH CAN HELP IN ENSURING THE PROPER CARE GIVEN TO THE CHILD AT THE WILD CHILD'S RESERVE.

.....
(date) (signature of the mother, father or guardian)

I accepted on (the date)
signature



STATEMENT

I declare that I have read the attached Regulations Wild Child's Sanctuary attached to this statement and accept its terms.

.....
(place, date)

.....
(guardian's signature)

I consent to the publication of photographs with the image of my child made during the stay in THE WILD CHILD'S RESERVE for the purposes of documentation and promotion (also within the Citizens' Budget) by the SZTUCZKA Studio – Centre for Culture in Lublin.

YES

.....
(place, date)

NO

.....
(guardian's signature)



