



Bringing childhood and families back to nature

Mission

Frog Creek Adventure School is an outdoor education organization dedicated to fostering a deep and lasting connection with nature.

In our outdoor programs, children and families develop first-hand experiences with nature. Through these experiences, it is our hope that our community begins to understand the interconnection between all living beings and the reciprocal relationship that humans have with the natural world. Frog Creek Adventure School hopes to cultivate a concern for the natural world and create a community of lifelong environmental stewards.

Rationale

Our world is currently at a crossroads. In recent decades, as families and communities separated from the natural world, we have seen a rise in sedentary lifestyle, obesity, physical development problems, mental health issues, and massive environmental destruction. Children particularly have suffered from this disconnection from nature. We know children gain confidence, emotional wellbeing, resiliency, empathy, and critical thinking skills through play, risk taking, skill building and time in nature. Yet, our children find themselves in overly structured and adult-led environments, where they are not free to move, play, or take risks. Subsequently, we have become disconnected from the ways of the natural world as we connect to the virtual world.

Mentorship in nature provides children an opportunity to interact with and develop concern for the natural world. Developing a personal relationship with the nature often begins in childhood and continues throughout a person's lifetime. A strong connection between children and nature benefits children, families, community, culture, and the environment. We must *bring childhood, and families back to nature* for their health and for the health of the environment.

Philosophy

Children are:

- Deeply respected and trusted members of our community
- Capable and competent
- Free to take risks, move, and play
- Unconditionally accepted (play and speak without judgment)

Adult role:

Adults act as mentors, guiding exploration of the natural world. Frog Creek values unstructured exploration and play. Mentors model enjoyment of nature, observation skills, and journaling, as well as provide storytelling and enriching activities. Limits are set using nonviolent communication (NVC) and unconditional positive regard for the child.

Summer Enrollment – pg 1 of 2



Please scan and email completed form

And \$100 deposit or full tuition to:

frogcreekadventureschool@gmail.com

Mailing Address ONLY:

2110 Artesia Blvd., Ste 889, Redondo Beach, CA 90278

For questions? 323-902-7849

Please fill out one enrollment form per family, and include one medical release form per participant.

Full Name(s) of Each Participant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone (Home/Cell): _____

How did you learn about us? Flyer Internet From a friend Other _____

PAYMENT INFO:

Total # of Nature Classes _____ Total Due: \$ _____

I will be paying by:

Zelle *send payment to: frogcreekadventureschool@gmail.com*
Please indicate who and what date your classes are for in your Zelle memo

Check *make payable to Frog Creek Adventure School*

Purchase Order from a Charter School *Name of school* _____

Cash *paid to* _____

Please read carefully & initial below:

____ Absence Policy: *Missed classes are not excused from payment.*

____ Refund Policy: *No refunds are given.*

____ General Payment Policy: *Payment is due in full 2 weeks before session start.*

I have read and agree to abide by the Frog Creek Adventure School's Absence, Refund, & General Payment policies

Parent/Guardian Name – Please Print

Parent/Guardian Signature

Date



NATURE EXPLORATION & PLAY

Price: \$160 per week, 10% sibling discount | Start date: June 24th | 10:00am to 2:30pm

*Locations subject to change | Age Range for all classes is 5-12

Monday & Wednesday Session: \$160 per Week; ADD-ON Fridays: \$80 per Week

3-Day Enrollment (M/W/F): \$230 per Week

I am enrolling in the following class(es):

(Check all that apply)

#	SESSION NAME	MON + WEDS	Dates	FRI	Dates	3 DAYS	Dates
1	Rat Beach	<input type="checkbox"/>	6/24 & 6/26	<input type="checkbox"/>	6/28	<input type="checkbox"/>	6/24 6/26 6/28
2	Manhattan Beach/Aquarium (Mon/Fri)/ Sand Dune Park & 32 nd Street Beach (Wed)	<input type="checkbox"/>	7/1 & 7/3	<input type="checkbox"/>	7/5	<input type="checkbox"/>	7/1 7/3 7/5
3	Frog Creek (Mon/Fri)/ Rat Beach (Wed) (FULL)	<input checked="" type="checkbox"/>	7/8 & 7/10	<input checked="" type="checkbox"/>	7/12	<input checked="" type="checkbox"/>	7/8 7/10 7/12
4	Manhattan Beach/Aquarium (Mon/Fri)/ Sand Dune Park & 32 nd Street Beach (Wed)	<input type="checkbox"/>	7/15 & 7/17	<input type="checkbox"/>	7/19	<input type="checkbox"/>	7/15 7/17 7/19
5	Frog Creek (Mon/Fri)/ Rat Beach (Wed) (Mon/Weds FULL)	<input checked="" type="checkbox"/>	7/22 & 7/24	<input type="checkbox"/>	7/26	<input checked="" type="checkbox"/>	7/22 7/24 7/26
6	Hermosa Beach	<input type="checkbox"/>	7/29 & 7/31	<input type="checkbox"/>	8/2	<input type="checkbox"/>	7/29 7/31 8/2
7	Redondo Beach	<input type="checkbox"/>	8/5 & 8/7	<input type="checkbox"/>	8/9	<input type="checkbox"/>	8/5 8/7 8/9
8	El Porto (N. Manhattan/ 42nd Street)	<input type="checkbox"/>	8/12 & 8/14	<input type="checkbox"/>	8/16	<input type="checkbox"/>	8/12 8/14 8/16
9	Torrance Beach	<input type="checkbox"/>	8/19 & 8/21	<input type="checkbox"/>	8/23	<input type="checkbox"/>	8/19 8/21 8/23
10	Frog Creek (Mon/Fri)/ Rat Beach (Wed)	<input type="checkbox"/>	8/26 & 8/28	<input type="checkbox"/>	8/30	<input type="checkbox"/>	8/26 8/28 8/30



Medical and Release Form

Frog Creek Adventure School requires a current Medical and Release Form for each person attending any class and/or event. If information changes, participants/parents are responsible for updating us. **Please print clearly (in blue or black ink) and sign the third page in two separate places and return all three pages.**

Email completed form to: frogcreekadventureschool@gmail.com

Last Name: _____ First Name: _____

Gender (circle): Male Female Date of Birth: ____/____/____ e-mail: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone - Cell: _____ Home: _____ Work: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Out-of-State Contact (Name and Phone): _____

Medical Conditions (**CONFIDENTIAL**)

So that we can properly assist you, it is your responsibility to make us aware of any medical conditions below and at registration. Please attach additional pages as needed.

Do you/your child: (Circle Yes or No)

- Wear contact lenses/glasses?..... Yes No
- Wear a hearing aid?..... Yes No
- Have asthma?..... Yes No
- Have any physical disabilities?..... Yes No
- Have any special needs that may affect your participation in the program?
(e.g., fears, second language, ADD, etc.)..... Yes No
- Have any other condition that may endanger, alter, or somehow limit your
ability to participate in the program?..... Yes No

• Have an allergic reaction to:

1. Medications?..... Yes No
2. Insect bites or stings?..... Yes No
3. Foods?..... Yes No
4. Plants?..... Yes No
5. Other?..... Yes No

- Take any medication currently?..... Yes No
- Use medication for allergic reactions?..... Yes No
- Have special dietary needs?
(e.g., Vegetarian, Vegan, etc.)..... Yes No

Please explain in detail any "Yes" answer marked above:

**** Note: if you have anaphylactic allergic reactions we request that you bring EpiPen or AnaKit ****

Insurance Information (if you do not carry health insurance, please note)

Name of Health Insurance Carrier: _____

Group/Plan Number: _____ Phone: _____

Physician Name: _____ Phone: _____

Date of last tetanus booster: ____/____/____

Medical Release: In the event of a medical emergency, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or procedure rendered under the supervision of any qualified health care professional. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned health care professional in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that the above treatment will not be withheld if I cannot be reached. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

Photo Release: By signing at the bottom of this form I hereby grant free permission for Frog Creek Adventure School to use images of me participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media.

[] **No, I do not wish to grant a photo release.** *(Please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)*

RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS & INDEMNIFICATION AGREEMENT

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration of being allowed to participate in Guided Hiking/Biking Tours & Team Building Activities \ and other activities (collectively the “Activities”) provided by Frog Creek Adventure School (the “Host”), the Participant, and the Participant’s parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant’s participation in the Activities or the use of any equipment provided by the Host (“Equipment”), including while receiving instruction and/or training;
- 2) **TO ASSUME ALL RISKS** of participating in the Activities and using the Equipment, even those caused by the negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers. The Participant and his/her parent(s) or legal guardian(s) understand that there are inherent risks of participating in the Activities and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;
- 3) **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training. The Participant and his/her parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers, to the fullest extent permitted by law. However,

