



# Merit Badge Registration Form

Select workshop:

- Birds
- Reptiles
- Insects
- Mammals
- Environmental Science (2 day)
- Other: \_\_\_\_\_

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

- Please use one registration form per participant.
- Completed registration forms with full payment are due two weeks prior to workshop.
- Tuition is NON-REFUNDABLE.
- **MAIL** (1) completed registration, (2) completed Class 1 Medical Record, (3) signed Code of Conduct, and (4) full payment to: The Heard Museum, Attn: Merit Badge Workshop, One Nature Place, McKinney, Texas 75069 **or FAX** with credit card payment to: 972-548-9119.

**All programs have minimum enrollment requirements. The Heard reserves the right to reschedule or cancel classes that do not meet these requirements.**

PARTICIPANT'S NAME		BIRTHDATE	AGE
PARENT'S/GUARDIAN'S NAME			
ADDRESS			
CITY		STATE	ZIP
HOME PHONE	BUSINESS/CELL PHONE (please indicate)		EMAIL
<b>PAYMENT INFORMATION</b> Program Fee: <input type="checkbox"/> \$30—all one day workshops <input type="checkbox"/> \$70—Environmental Science Workshop <i>Fee includes 1 or 2 snacks depending on length of workshop</i>		CHECK NUMBER	
		Visa [ ]	MasterCard [ ]
NAME on CARD		CARD NUMBER	EXP
<b>RELEASE AUTHORIZATION</b> I authorize the release of my child from educational classes/programs at The Heard Natural Science Museum & Wildlife Sanctuary to the following individuals. I understand that my child will NOT be released from class to any individual (other than a parent or guardian listed above) whose name does not appear on this list.			
NAME 1		NAME 2	
NAME 3		NAME 4	
<b>PHOTO &amp; MEDICAL LIABILITY RELEASE</b> By my signature, I certify that the above information is true and correct to the best of my knowledge. I authorize The Heard Museum to photograph my child, and I grant reasonable use of any image of my child for the Heard newsletter and promotion of classes/workshops.  The Heard Natural Science Museum & Wildlife Sanctuary has my authorization to obtain necessary medical and/or surgical treatment in the case of illness, accident, or any emergency situation that may arise, and I am unable to be reached at the time of such emergency. I agree that in no event will The Heard Natural Science Museum & Wildlife Sanctuary be held liable for any injuries, accidents, or losses suffered by my child while participating in any supervised educational classes/programs and that The Heard is hereby released from liability.			
PARENT/GUARDIAN SIGNATURE			DATE
<b>Note:</b> A completed <b>CLASS 1 MEDICAL RECORD</b> and <b>SIGNED CODE OF CONDUCT</b> must be included for registration to be valid.		<b>Wear your Class A or B uniform and Bring:</b> <ul style="list-style-type: none"> <li>◆ sack lunch &amp; water for the trail</li> <li>◆ appropriate weather gear</li> <li>◆ notebook &amp; pen or pencil</li> <li>◆ sunscreen &amp; bug spray</li> </ul>	
		<b>For Office Use:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fee Paid</li> <li><input type="checkbox"/> Medical Record</li> <li><input type="checkbox"/> Code of Conduct</li> </ul>	