



Welcome to the Forest School. We are excited you are interested in attending this year's **Primitive Fire Building- June 19, 2011**. It looks to be an amazing day of learning and fun. The Forest School is a community of energetic, creative, fun, passionate, gentle, imaginative, motivated and peaceful individuals. We believe learning can be a wondrous adventure and invite you to come along.

At **Primitive Fire Building- Rekindling The Ancient Art**, participants will learn the art of making fire without matches. Fire making was practiced by our ancestors from around the world and used for countless generations before the use of matches, flint and steel and magnesium strips. We will focus on the **Bow Drill** method of fire making using materials found in nature. Students will construct a bow-drill kit in class and learn how to use it. This workshop will be hands on with ample time to practice.

To register, complete the **Application Form** as well as the **Health Form** and **Release of Liability**. Forward these, along with your registration to Sue Holloway, The Forest School, R.R. # 1, South Gillies, ON. P0T 2V0. Cheques can be made payable to **Element of Adventure**.

The cost is \$40.00. Once your registration has been received, you will be forwarded a welcoming package, which will include more of the details. *If notification of cancellation is received at least two weeks prior to the first day of class you will receive a 50% refund of your registration fee. **Registration will be non-refundable if cancellation is made within two weeks of the first day of class.***

We look forward to meeting you. Please feel free to contact Sue Holloway at 807-473-4599 if you have any question or email elementofadventure@yahoo.com.

Respectfully,

Sue Holloway

“Education is not the filling of a pail, but the lighting of a fire.” William Butler Yeates

The Forest School • R.R.#1 • South Gillies, ON • PoT 2Vo • 807-473-4599

The Forest School – Primitive Fire Building

June 20, 2010

Application for Admission

Participant's Name: _____

Participant's Address: _____

Address: _____ email: _____

Phone Number: _____ Alternate Phone Number: _____

The Forest School welcomes all people. We do not discriminate on the basis of race, color, sexual orientation, gender, religion, disability, political affiliation, family structure, or national or ethnic origins.

Participant Signature

Date

(Optional)

I hereby give my permission to the Forest School to photograph, audiotape or videotape myself and to use my image, spoken words, and/or student work for educational and promotional purposes. No expiry.

Participant Signature

Date

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The Forest School Health Form – Primitive Fire Building -2010

Participant's Full Name _____

Preferred First Name _____

Birth date _____

Gender _____

Home Phone _____

Alternate Daytime Phone _____

Physician's Name _____

Physician's Number _____

OHIP Number _____

Emergency Contact _____

Home Phone/ Alternative Daytime Phone _____

Relationship _____

General Health Information: *Please check all that apply and give necessary details. Use the back if needed.*

Activity Restrictions _____

Allergies _____

Asthma _____

Seizures _____

Vision (Glasses/contacts?) _____

History of Heart Condition/Disease _____

History of Strokes _____

History of High Blood Pressure _____

Other _____

Are you currently taking any medication? Yes No

Please list medications and their intent. _____

If there is anything else you feel we should know concerning your health or mental or physical condition?

Participant's Signature _____

Date _____

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PARTICIPANT RELEASE OF LIABILITY

I affirm that the confidential medical information that has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold the Forest School harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

In all programs offered by the Forest School, reasonable care is taken to prevent serious injuries and to minimize accidents. I am aware that environmental awareness, survival, and tracking training, even under the safest of conditions, have inherent dangers. I hereby accept responsibility for and assume the risk of injury or damage to my child that might arise directly or indirectly as a result of participation in The Forest School. I hereby express release, discharge and hold harmless from any liability whatsoever, The Forest School and all employees and volunteers in their capacity as representatives of The Forest School.

Participant's Name (please print) Participant's Signature Date

If applicant is under 18 years of age:

Name of Parent/Guardian (please print) Signature of Parent/Guardian Date

I am interested in sharing my contact information for the purposes of car-pooling. Yes No