**“EARTH KEEPERS:” A Nature-Immersive Experience for Kids and Tweens**

Sunday, October 29, 2023 at 1:00

Location: Dream Catcher Meadows, 12640 Rolling Road,

Potomac, MD 20854;

**PLEASE FAX COMPLETED REGISTRATION TO: 301-251-9110 or Email this completed form to:** [**7thGenerationFoundation@gmail.com**](mailto:7thGenerationFoundation@gmail.com)

Child Registrant Name (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ (limited to 8-12 year olds)

Parent Name (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the Group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (street number/name, city, zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the parent be attending the event? Yes No (please circle one); If no, who will accompany the child (one adult per child)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever done mindfulness training, biofeedback, or participated in a farm group? Yes No (please circle one); Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope to gain from this group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested to learn more about other events at Dream Catcher Meadows? Yes No (Please “like” our page at www.Facebook.com/TheDreamCatcherFarm to follow our progress).

Would you be interested in (CIRCLE ALL THAT APPLY): GARDENING BUILDING PROJECTS COMPOSTING JUST HANGING OUT MINDFULNESS SOCIAL GATHERING ONLY

POTLUCK BRUNCH INTERACTING WITH THE ANIMALS EXPLORING THE FARM

GETTING TO KNOW OTHER PEOPLE

Please share any allergies to animals, natural outdoor pollens, foods, dietary considerations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclosure Waiver:** Risks are inherent in farm-related activities such as walking through the pastures, woods, fields and being around farm animals. In the event that I am injured, my medical insurance will be responsible for my care. 7th Generation Foundation, Inc., Therapeutic & Learning Centers, P-LLC, Dr. Rich or volunteers will not incur any liability in the event of injury on the farm. **(A separate participant waiver will be sent once you have registered and paid for the course unless you have signed one already during other courses).**

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Registrant (Parent) Signature and Date

**Registration Form:**