



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.



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

Summer 2026 Enrollment – page 2 of 2



NATURE EXPLORATION & PLAY | Start date: June 22nd | 10:00am to 3:00pm

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

**Pricing: 5 Days enrollment = \$480/Week; 3 Days enrollment = \$300/Week
2 Days enrollment = \$200/Week**

I am enrolling in the following class(es):

Select all that apply

#	SESSION NAME	\$480/ WEEK		\$300/ WEEK		\$200/ WEEK	
		MON-FRI	Dates	MON + WEDS + FRI	Dates	TUES + THU	Dates
1	Rat Beach (M/W/F) / Frog Creek (T/TH)	☐	6/22-6/26	☐	6/22 6/24 6/26	☐	6/23 6/25
2	Frog Creek (M/W/F) / Rat Beach (T/TH)	☐	6/29-7/3	☐	6/29 7/1 7/3	☐	6/30 7/2
3	Rat Beach (M/W/F) / Frog Creek (T/TH)	☐	7/6-7/10	☐	7/6 7/8 7/10	☐	7/7 7/9
4	Frog Creek Manhattan Beach / Aquarium (M/W/F) Sand Dune Park & 32 nd St. Beach (T/TH)	☐	7/13-7/17	☐	7/13 7/15 7/17	☐	7/14 7/16
5	Rat Beach (M/W/F) / Frog Creek (T/TH)	☐	7/20-7/24	☐	7/20 7/22 7/24	☐	7/21 7/23
6	Hermosa Beach (M/W/F) / South Park (T/TH)	☐	7/27-7/31	☐	7/27 7/29 7/31	☐	7/28 7/30
7	Rat Beach (M/W/F) / Frog Creek (T/TH)	☐	8/3-8/7	☐	8/3 8/5 8/7	☐	8/4 8/6
8	El Porto (N. Manhattan/ 42nd Street)/ Sand Dune (T/TH)	☐	8/10-8/14	☐	8/10 8/12 8/14	☐	8/11 8/13
9	Frog Creek (M/W/F) / Redondo Beach (Miramar Park) (T/TH)	☐	8/17-8/21	☐	8/17 8/19 8/21	☐	8/18 8/20
10	Rat Beach (M/W/F) / Frog Creek (T/TH)	☐	8/24-8/28	☐	8/24 8/26 8/28	☐	8/25 8/27



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,

nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct; and

4) **TO INDEMNIFY** the Host, its owners, affiliates, operators, employees, agents, and/or 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 participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice. The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host's Equipment and facilities before any participation. The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of common sense and by being aware of his/her surroundings. If, while participating in the Activities, the Participant or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

_____ Participant's Name (Printed)	_____ Participant's Signature	_____ Date
_____ Parent/Guardian's Name (Printed)	_____ Parent/Guardian's Signature	_____ Date

General Waiver