

Registration and Consent Form

VCMGA Growing Healthy Kids Summer Camp

For Ages 6-12

8:30 a.m.-noon, June 12-16, VEG Pavilion, 333 Bachelor Dr.

Name of student: Age: Grade: Gender: (male) (female)

Name of parents, parent or guardian, home address, home telephone, and or, cell number:

List who will be picking up the child:

List special accommodations, if any, (wheelchair, walker, etc.):

Describe any medical conditions and/or related restrictions:

List medications taken on a routine basis:

List medicine allergies, food restrictions, and any other allergies:

Does the student require any dietary needs, either medical or cultural? Please list.

Parental consent:

We, or I, hereby grant permission for our, or my, child to participate in the 2017 Victoria County Master Gardener Association Growing Health Kids program. In consideration for this, we, or I, hereby covenant and agree to hold harmless and indemnify VCMGA and the Texas A&M AgriLife Extension Service against any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees for and on account of any injury to ourselves, myself, and our, or my child, which may arise or may alleged to have arisen out of or in connection with our, or my child's participation in program activities.

We, or I, also understand our, or my, child may be dismissed from the program for inappropriate language or behavior, and will be sent home at the expense of parents/guardians with no refund of program fees. Each participant has the right not to participate in any program activities which makes him or her uncomfortable.

Be it understood that off campus visitors will not be allowed to attend the program except for parents or guardians.

We, or I, also grant permission to photograph our child for recognition, advertising or media purposes.

Parental signature Date:

Child's signature Date:

(All Entries must be signed)