

Registration and Consent Form  
VCMGA Growing Healthy Kids Summer Camp  
VEG Pavilion, 333 Bachelor Dr.  
For ages 6-12  
8:30 AM to 12 Noon  
June 10-14, 2019  
COST: \$35

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male Female

Name and address of Parent or Guardian:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List who will be picking up the child: \_\_\_\_\_

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

\_\_\_\_\_

Describe any medical conditions and/or related restrictions, and list medication taken on 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 2019 Victoria County Master Gardener Association Growing Healthy Kids program. In consideration for this, we, or I, hereby covenant and agree to hold harmless 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 and 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)

Please print and mail completed form with payment to: VCMGA, PO BOX 3822, VICTORIA, TX 77903 or return to Victoria County Extension Office 528 Waco Circle ( Victoria Airport)