

After School Garden Club Registration

Child's Name: _____

Age _____ Grade _____ Date of Birth: _____ Gender: _____

Parent/Guardian _____ Email _____

Phone _____ Preferred Method of Contact _____

Emergency Contact (if different from above) _____

Relationship to student _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Health form & dietary restrictions: Please list any health concerns or dietary restrictions (asthma, allergies, etc.).

Please list medication(s), when taken, and purpose(s). Use back of form if necessary.

Behavior & learning concerns: Please describe any behavior/learning concerns (ADD, hyperactivity, etc.). Use back of form if necessary.

Registration Fee: There is a one time fee of \$5 to help cover the costs of materials and snacks. The fee can be paid in cash on the first day or with check made out to Rogue Valley Farm to School.

Medical Release: I give my permission for Rogue Valley Farm to School staff to provide first aid for the child named above and to take appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold Rogue Valley Farm to School, its officers and employees, harmless from claims of losses for any bodily injury or property damage, which occurs or is alleged to have occurred as a result of negligence of participant.

Parent / Guardian Signature: _____ Date: _____

Photo Release: Rogue Valley Farm to School has my expressed permission to use any photographs that may include my child in their publication materials or communications.

Parent / Guardian Signature: _____ Date: _____

Please turn in completed registration to Bellview's front office.

Registration is limited to 15 students.

If you have further questions please contact Christina Dawson at christina.dawson@foodcorps.org