



Number ____

OSU Extension Children's Garden Program Summer 2018 Registration

Child's Name _____ Gender _____

Nickname _____ Age _____

Food Allergies _____ Birthdate _____

Other Allergies _____

Allergic to Bee Stings? Yes No Class Preferred 1 2

Parent's Name _____ Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Person to contact if parent cannot be reached _____

Relationship _____ Phone Number _____

Cell Phone _____ Work Phone _____

Who will be transporting the child? _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Will you be able to volunteer? Yes No

Visit us at jacksoncountymga.org Click on Community and then on Children's Summer Garden Program

Mail to: OSU Extension Center
Attn: Children's Garden
596 Hanley Rd,
Central Point, 97502

For questions – Call Patches at 541-857-0357

Fee is \$12.00 for the entire class session. Please make checks payable to: JCMGA



PARTICIPANT RELEASE FORM

I authorize Oregon State University, and those acting pursuant to its authority to:

- (a) Record my participation and appearance in (name of event and date)

_____ date: _____

on video tape, audio tape, film, photograph, or in any other medium.

- (b) Use my name, likeness, voice and biographical material in connection with these images.
- (c) Publish, exhibit, adapt, exploit, perform, reproduce, edit, modify, make derivative works from, distribute, display or otherwise use or re-use such images in whole or part without restrictions or limitation for any educational, or promotional use which Oregon State University and those pursuant to its authority, deem appropriate.
- (d) Waive any right I might have to inspect and/or approve the finished image or the use to which in may be applied.

I represent that I am at least 18 years of age and that I have read the above and fully understand it and I am knowingly and voluntarily executing this consent without compensation to myself.

Name:

Address:

Street

City

Zip

Phone No.:

Signature:

Parent/Guardian Signature (if under 18):