



Received: \_\_\_\_

# OSU Extension Children's Garden Program Summer 2020 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](http://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, OR 97502

For questions – Call Patches at 541-857-0357

Fee is \$12.00 for the entire class session.  Please make checks payable to: JCMGA  
Scholarships are available – Contact Patches [@robertaheinz1@msn.com](mailto:robertaheinz1@msn.com)



**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):