

## Events & Registration Info

### 2018 Youth Farm Events:

- 1) Weekly farm club for ages 4-12:  
5/24, 5/31, 6/7, 6/14; 7-8pm, \$25
- 2) Half-day farm camp for ages 4-7:  
M-Th June 18-21, 9-12:15, \$65
- 3) Half-day farm camp for ages 4-7:  
M-Th June 18-21, 1-4:15, \$65
- 4) Half-day farm camp for ages 8-13:  
Mon-Fri June 25-29, 9-12:15, \$80
- 5) Full-day farm camp for ages 8-13:  
Mon-Fri Aug. 20-24, 9-3:15, \$150

### **Mail completed form & check to:**

Root & Shoots Youth Farm  
3398 Merritt Rd.  
Ypsilanti, MI 48197

### **Registration due date:**

Monday, one week prior to event

### **For further information:**

Contact Sue at [sue.gremban@gmail.com](mailto:sue.gremban@gmail.com)  
or visit [www.rsyouthfarm.org](http://www.rsyouthfarm.org)

### **What to bring for outdoor events:**

Hat, close-toed shoes or waterproof boots, water bottle, dirt-friendly clothing, bug spray, sunblock (please apply before class). Full day campers may bring a sack lunch in case they don't care for the lunch we make together.

## Roots & Shoots Youth Farm 2018 Registration Form

### **Family Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell or landline (circle one)

Email: \_\_\_\_\_

### **Participant Information:**

*For each participant, list event number(s) as per left panel*

Participant #1 Name: \_\_\_\_\_

Gender: \_\_\_\_ Age: \_\_\_\_ (if minor) Event #(s): \_\_\_\_\_

Participant #2 Name: \_\_\_\_\_

Gender: \_\_\_\_ Age: \_\_\_\_ (if minor) Event #(s): \_\_\_\_\_

Participant #3 Name: \_\_\_\_\_

Gender: \_\_\_\_ Age: \_\_\_\_ (if minor) Event #(s): \_\_\_\_\_

Participant #4 Name: \_\_\_\_\_

Gender: \_\_\_\_ Age: \_\_\_\_ (if minor) Event #(s): \_\_\_\_\_

Participant #5 Name: \_\_\_\_\_

Gender: \_\_\_\_ Age: \_\_\_\_ (if minor) Event #(s): \_\_\_\_\_

Amount of enclosed check: \_\_\_\_\_

*Please list any food allergies or sensitivities below:*

*Please read & sign section to the right to indicate agreement.*



Roots and Shoots  
Youth Farm

*"digging deep and growing up"*

### **AUTHORIZATION AND RELEASE OF LIABILITY**

I, the parent or guardian of the above-named child(ren), authorize the participation of my child(ren) in Spring/Summer 2018 Roots and Shoots Youth Farm Camp or Classes (this "Program"). I understand that this Program is a program for children/youth and that my child(ren)'s participation is/are voluntary. I further understand that my child(ren)'s participation in the physical activities of this Program involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, animal accident, ticks, weather related injuries, garden area and equipment defects, and negligence of staff. On behalf of my child(ren), me, and my family, I assume these risks. In consideration of the privilege of my child(ren)'s participation in this Program, and on behalf of my child(ren) and me as parent/guardian, I do hereby release, forever discharge, and agree to hold harmless, the Gremban family and persons associated with this Program from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or my child(ren) that occur while my child(ren) is/are participating in this Program. In addition, I give Susan Gremban permission to transport my child to and from any prearranged field trip.

### **MEDICAL CONDITIONS**

I understand that participation in this Program may involve strenuous and prolonged physical activity. I agree that my child(ren) is/are healthy and able to participate in this Program's activities.

### **CONSENT TO MEDICAL TREATMENT**

In the event my child(ren) is/are injured or become(s) ill in Program activities, and if I, the parent or guardian, am not present to make medical decisions, I hereby give my permission to Sue or Dave Gremban, or any Program staff/volunteers, to take my child(ren) to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

*Both parents/guardians must sign unless the above child(ren) has/have one custodial parent/guardian.*

Number of custodial parents/guardians (1 or 2): \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_