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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participation Form Children’s Program**  **at** **Dirt Works Garden**  **EMERGENCY CONTACT INFORMATION** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Child’s Name: | | | | Click here to enter text. | | | | | | | | |  |
|  | | | | | |  | | | | | | | |
| In Emergency Notify: (This person must be someone other than the chaperone attending the program.) | | | | | | | | | | | | | |
| Name: | | | Click here to enter text. | | | | | Phone: | Click here to enter text. | | | |  |
|  | | | | | |  | |  |  | | | | |
| Doctor’s Name: | | | | | Click here to enter text. | | | Phone: | Click here to enter text. | | | |  |
| Permission for treatment by doctor/hospital:  YES  NO | | | | | | | | | | | | | |
| If YES, any exceptions? | | | | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | |
| We want your child and all the other participants to have a fantastic gardening experience! By providing us with a little extra information about your child, we will be prepared to do just that. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Is your child known to be allergic to anything?  YES  NO | | | | | | | | | | | | | |
| If YES, please describe, including the severity of the response and any control method used. | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |
| Does your child have any special needs which may impact his/her garden program experience?  YES  NO | | | | | | | | | | | | | |
| If YES, please describe and let us know what accommodations we can make to ensure his/her experience is   enjoyable. | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |
| I agree to have a chaperone stay with my child at all times during the program and handle any behavior problems if they arise.  YES | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| My child has permission to be used in public relation materials related to this program (picture/name in newspaper, newsletter and/or any other promotional materials).  YES  NO | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **In consideration for the WSU Extension Master Gardener Program of Thurston County accepting this applicant into this program, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of the activity. In addition, I hereby release WSU Extension Master Gardener Program of Thurston County and its employees and agents, from any and all claims for personal injuries.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Parent Guardian Signature** | | | | | | |  | | |  | **Date:** | Click here to enter a date. |  |
|  | | | | | | | | | | | | | |
| WSU Extension Master Gardener Program of Thurston County  3054 Carpenter Rd. SE, Olympia, WA 98503  360-867-2162 Website: https://extension.wsu.edu/thurston  WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local WSU Extension office.  Reasonable accommodations will be made for persons with disabilities and special needs who contact Cori Carlton, Program Manager at carltoc@co.thurston.wa.us or 360-867-2162  at least two weeks prior to the event | | | | | | | | | | | | | |