



**Children's Program at
Dirt Works Garden, Olympia**

Master Gardener Program

CHILD'S INFORMATION

First Name: _____ Last Name: _____

Gender: ___M___F Age: _____ Date of Birth: _____

Mailing Address: _____

Phone: _____ Email: _____

School Attending: _____ Grade in School: _____

My child plans on attending the following programs:

Please check the below programs you would like to attend.	2017 Dates	Program Name
	July 18th	Sensational Seeds
	July 25th	Vermi-"wormy"-Compost
	August 1st	Fabulous Flowers
	August 8th	Bodacious Bugs
	August 15th	Garden Birds
	August 22nd	Rainbow Gardening

If my child is unable to attend I agree to email children-garden@mgftc.org to let them know by the Monday evening prior to the program class.

PARENT GUARDIAN INFORMATION

Name of Legal Guardian #1: _____ Relationship: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Name of Legal Guardian #2: _____ Relationship: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Name of chaperone who will be attending the Master Gardener program with the child: _____ Relationship: _____

NOTE: Chaperones must be at least 18 years of age.

OVER PLEASE →



Participation Form Children's Program at Dirt Works Garden

EMERGENCY CONTACT INFORMATION

In Emergency Notify: (This person must be someone other than the chaperone who attending the program.) Name: _____ Phone: _____

Doctor's Name: _____ Telephone: _____

Permission for treatment by doctor/hospital: _____ YES _____ NO

If YES, any exceptions? _____

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. _____

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.

I agree to have a chaperone stay with my child at all times during the program and handle any behavior problems if they arise.

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** _____

WSU Extension Master Gardener Program of Thurston County
5033 Harrison Ave. NW, Olympia, WA 98502
360-867-2162 Website: <http://thurston.wsu.edu>

