



2014 School Garden Summer Program - Registration Form
Tuesday, July 1st – Saturday, August 30th

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Date of Birth _____

Age _____ Grade in Sept. 2014 _____ **Boy** **Girl** Nickname _____

Emergency Contact 1 _____ Number _____

Emergency Contact 2 _____ Number _____

Tuesdays and Thursdays: 3pm – 5pm
Saturdays: 8am – 1pm (Farmer's Market)
Please choose week(s)

Week of June 30th

Week of July 7th

Week of July 14th

Week of July 21st

Week of July 28th

Week of August 4th

Week of August 11th

Week of August 18th

Week of August 25th

PARENT/GUARDIAN INFORMATION (other adults will need additional permission to pick-up your child)

Parent/Guardian 1

Last Name _____ First Name _____ E-mail _____

Phone number _____ Work number _____ Cell number _____

Address _____

Parent/Guardian 2

Last Name _____ First Name _____ E-mail _____

Phone number _____ Work number _____ Cell number _____

Address (if different from above) _____

School Garden Summer Program - Release Form

I, the parent/legal guardian of (child's name) _____, a School Garden Summer Program participant, warrant that the he or she is physically fit and able to participate in the program activities. I consent to any employee, agent, or other personnel affiliated with the Sylvester Manor Educational Farm, Inc. to seek medical attention and treatment or other measures deemed necessary or advisable for the participant at the discretion or judgment of Sylvester Manor personnel in the event of an accident, sudden illness, or other condition that occurs while the participant is in the care or under the supervision of Sylvester Manor personnel.

I further understand that Sylvester Manor personnel will make reasonable efforts to notify me in the case of an accident, sudden illness or other condition, and I authorize Sylvester Manor personnel to seek such care or treatment, and for any care or treatment to be administered, whether or not I am contacted.

By signing this form, I hereby release Sylvester Manor Educational Farm, Inc. and all Sylvester Manor personnel of any liability for such decisions or actions in seeking medical care, and agree to pay all the costs and fees for the medical care or treatment authorized.

In consideration of receiving permission from Sylvester Manor Educational Farm, Inc. to participate in the School Garden Program at the Shelter Island School from July 1st, 2014 to August 30th, 2014, I understand and acknowledge that (child's name) _____ is proceeding at his or her own risk. I further acknowledge that Sylvester Manor Educational Farm, Inc. makes no warranties or representations, expressed or implied, regarding the condition or safety of the various activities during the 2014 School Garden Summer Program. I also warrant that participation in this program is voluntary and that the participant and I understand the inherent risks involved in outdoor activities.

I hereby agree to release, hold harmless, and indemnify Sylvester Manor Educational Farm, Inc. (including its agents, servants, and employees) and Sylvester Manor property owners from any and all loss, liability, or expense with respect to bodily injury (including death) or property damage which might result or arise out of participation in the 2014 School Garden Summer Program for the above dates.

In addition, occasionally, Sylvester Manor staff will take pictures of activities for use in farm publications and for advertising promotions. Participants' names will never be used with these photos. Signing this form grants permission for promotional use of such photos. Please indicate "no photos" in the signature block below if you do not grant permission for the use of photos of your child.

Signature of Parent/Guardian of Minor

Date

Participants name

Emergency Contact Number

PLEASE SEND COMPLETED FORM TO:
SYLVESTER MANOR
PO BOX 2029
SHELTER ISLAND, NY 11964