

Loveland Youth Gardeners



GREEN ADVENTURES

Winter & Spring 2010 Registration

Ages: 7-12

Fee: \$15 per session \$55 for all four scholarships available

Location: High Plains Environmental Center, 1854 Piney River Drive, Loveland

Please check which sessions your child will attend:

Advance registration required for all sessions.

- Session Name: Valentine's Day the "Green" Way!
- Session Name: The Magnificent, Marvelous Seed!
- Session Name: On Your Mark, Get Seeds, Grow!
- Session Name: Planting Day!

- Date: February 13 (Deadline: February 11)
- Date: March 13 (Deadline: March 11)
- Date: April 10 (Deadline: April 8)
- Date: May 8 (Deadline: May 6)

Name _____ DOB _____ Grade _____
Address _____ City/Zip _____
Home Phone _____ Cell Phone/Work Phone _____
Parent/Guardian _____ email _____
Emergency Contact _____ Phone _____

List any health problems, medications and/ or allergies (i.e.: bee stings, peanuts, seizures, etc.):

RELEASE OF LIABILITY

As a parent/ guardian of _____, a minor child, I understand and am aware that my child's participation in the Green Adventures Program involves inherent risks and hazards, including the risk of injury. Recognizing those risks and hazards, I hereby give my consent and approval to my child's participation. On behalf of myself and my child, I release Loveland Youth Gardeners and High Plains Environmental Center, their officers, agents, employees and volunteers, and agree to hold them harmless from any liability for any claim arising out of any injuries and/or damage to me, my child, my property, or loss of any other sort arising out of or related to activities at the High Plains Environmental Center, conducted by Loveland Youth Gardeners or any other person. I agree to indemnify Loveland Youth Gardeners and High Plains Environmental Center, their officers, agents, employees and volunteers, and to be responsible for all harm, injury or damage caused by my child to any persons, property or equipment in conjunction with the Green Adventures Program. I hereby give consent for my child to receive emergency medical care prescribed by a medical professional. This care may be given under whatever conditions are necessary to preserve the well-being of my child. I have read this waiver carefully before signing.

Photos of activities in the Green Adventures Program may be taken for newspaper and/or advertising purposes. Please check here if you agree to let your child be photographed. _____

Signature of Parent/Guardian _____ Date _____

Cost: \$15 per session or \$55.00 for all four adventure. Scholarships available

Send this form, with attached check payable to:

Loveland Youth Gardeners 1854 Piney River Drive Loveland, Colorado 80538

*For more information, please call: 669-7182 or visit our website: www.lovelandyouthgardeners.org