



REGISTRATION AND CONSENT FORM

VCMGA Growing Healthy Kids SUMMER CAMP (ages 6-12)

Location: VEG Pavillion, 283 Bachelor Dr., Victoria, Texas

JUNE 20-24, 2022 8:30 am to 12 Noon

FEE \$60 --- Registration is open from May 10th through June 10th

REGISTRATION DEADLINE: JUNE 10, 2022 Enrollment limited to first 60 children REGISTERED & PAID

STUDENT NAME: _____

Age: _____ Grade: _____ Gender: Male _____ Female _____ 1 Craft T-shirt provided free: Youth sizes S M L XL

Name and Address of Parent or Guardian: _____

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

NAME OF PERSON PICKING UP THE CHILD: _____

If any, list special accommodations, (wheelchair, walker, etc.) _____

LIST ANY ALLERGIES: (Medicine & Other) _____

LIST ANY: Food restrictions or dietary needs (*medical or cultural*)

(If any issues about student eating snacks to be provided - Please furnish snacks.)

PARENTAL CONSENT:

We, or I, hereby grant permission for our, or my, child to participate in the 2022 Victoria County Master Gardener Association (VCMGA) Growing Healthy Kids program. In consideration for this, we or I, hereby covenant and agree to hold harmless VCMGA and the Texas A&M AgriLife Extension Service against any and all lawsuits, claims, demands, liabilities, losses and expenses including court costs and attorney's fees for and on account of any injury to ourselves, myself, and our, or my child, which may arise or may alleged to have arisen out of or in connection with our, or my child's participation in program activities.

We, or I, also understand our, or my, child may be dismissed from the program for inappropriate language or behavior and will be sent home at the expense of parents/guardians with no refund of program fees. Each participant has the right not to participate in any program activities which makes him or her uncomfortable.

Be it understood that off campus visitors will not be allowed to attend the program except for parents and guardians.

We, or I, also grant permission to photograph our child for recognition, advertising or media purposes.

PARENTAL Signature _____

Date _____

CHILD'S Signature _____

Date _____

ALL ENTRIES MUST BE SIGNED

Please print and mail completed form with payment to VCMGA, PO BOX 3822, Victoria, TX 77903 or return to Victoria County Extension Office, 528 Waco Circle (Victoria Airport) Please call 361-935-1556 with questions.

The members of Texas A&M AgriLife will provide equal opportunities in programs and activities, education, and employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity throughout Texas A&M AgriLife.