



### PARTICIPANT IDENTIFICATION

NAME: \_\_\_\_\_  
FEMALE: \_\_\_ MALE: \_\_\_ Name child goes by: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ PARENT CELL PHONE: (\_\_\_\_) \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ HOME EMAIL: \_\_\_\_\_  
PARENT OR GUARDIAN): \_\_\_\_\_ PHONE DAYTIME :(\_\_\_\_) \_\_\_\_\_  
RACE: (Optional) WHITE \_\_\_ HISPANIC\_\_\_ BLACK \_\_\_ AMERICAN INDIAN \_\_\_ ASIAN \_\_\_ MULTICULTURAL \_\_\_

### HEALTH INFORMATION

In the space below, please list all food allergies and/or other dietary restrictions for the person listed above and any necessary precautions that should be taken: \_\_\_\_\_  
\_\_\_\_\_

What else should we know about your child? Please inform us of any concerns that might arise related to your child's physical, mental, emotional and/or social health in order that we may provide better provide appropriate supervision and support. \_\_\_\_\_

### PARTICIPANT MEDIA RELEASE

The New Roots Youth Garden (NRYG) and 4-H periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the New Roots Youth Garden and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me. I understand that I will need to notify NRYG if any changes to my situation occur that will impact this media release permission. \_\_\_YES \_\_\_ NO

### RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this event:

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### APPROVAL / EMERGENCY AUTHORIZATION

I give my permission for the participant named on this form to attend the NRYG program. He /She have permission to participate in all activities. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to a NRYG designee to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: \_\_\_\_\_

SIGNED: X \_\_\_\_\_ Date: \_\_\_\_\_

(Parent / Legal Guardian or participant over 18 years old)