

# ROCK COUNTY COMMUNITY GARDEN PROGRAM

## Enrollment Form & Permission Slip

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Garden Location: **ROTARY BOTANICAL GARDENS AUG 19/20 DAY CAMP**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gender: M F Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact: Name/relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size: S M L XL Known dietary restrictions/allergies: \_\_\_\_\_

Ethnicity (circle one): Hispanic Non Hispanic

Race (circle one): White Black Alaskan/American Indian Asian Other

Residence (circle one): Farm Rural Under 10,000 Town 10,000-50,000 Suburb Over 50,000 City Over 50,000

**I give permission for my son/daughter to participate in the Rock County Community Garden Program. They will be introduced to the basic concepts of gardening, the environment and other horticulture related information and activities.**

**I grant permission to the University of Wisconsin-Extension and the affiliated garden partner to use my photo and comments in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time. I grant permission to the University of Wisconsin-Extension to use the photo and comments of my minor child, (name) \_\_\_\_\_, in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Garden Site: \_\_\_\_\_

Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I want the UW-Extension Office to be aware of the following disability or allergies:** \_\_\_\_\_

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**For more information about the ROCK COUNTY COMMUNITY GARDEN PROGRAM please visit <http://rock.uwex.edu>**



"An EEO/AA employer, University of Wisconsin Extension provides equal opportunities in employment and programming, including Title IX and American with Disabilities (ADA) requirements. Please make requests for reasonable accommodations to ensure equal access to educational programs as early as possible preceding the scheduled program, service or activity."

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