

**Minnesota Landscape Arboretum
Summer Programs for Kids
Participant Information**

Child's Name _____ Child's Birthdate _____

Program(s) Registered For _____

Children's Garden only: I already know my garden partner _____ I want to meet a new friend.

Parent/Guardian Name _____

Parent/Guardian Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Alternate Emergency Contact Name _____

Relationship to Child _____

Phone Number _____

CHILD'S MEDICAL INFORMATION

Does your child have any allergies? (bee stings, food allergies, etc.) _____

Please note any special circumstances or health concerns that we should be aware of regarding your child's participation in camp activities. Include any medications your child may be taking.

Permission to use Photographs or Drawings for Publications

It is customary for our staff to keep photographic records of children participating in our programs and to compile children's drawings and written work. These photographs or drawings may be featured in Arboretum publications or used for promoting support of educational programs. May we have permission to include your child's photograph, drawings and written work in our publications or promotions?

Child _____ Yes, okay to use pictures _____ or No, do not use pictures _____

Minnesota Landscape Arboretum Summer Program Permission Slip

My child, _____, has permission to participate in the Summer Program at the Minnesota Landscape Arboretum. I understand the arrangements and believe that the necessary precautions will be taken for the care and supervision of my child during the program. Beyond this, I will not hold responsible the Minnesota Landscape Arboretum or those supervising this program.

Parent/Guardian Signature _____ Date _____



LC - Summer Programs for Kids
Minnesota Landscape Arboretum
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Chaska, MN 55318