

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
3675 Arboretum Drive
Chaska, MN 55318