

**Junior
Garden Club of Teaneck
2016
Registration**

Child's Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Age: _____ Grade: _____

Parent's Name: _____

Parent's Address: _____

Parent's Email: _____

Please list any allergies or medical conditions of both adults and children of which the Teaneck Garden Club staff should be aware. List "none" if none are applicable: _____

Please list authorized alternate adults that may pick up your child and their phone number: _____

I hereby give permission that the above student may be given first aid treatment as needed by staff members at the Teaneck Garden Club. I recognize that participation in outdoor gardening activities, even when well supervised and managed, poses a risk to my child, and I agree to assume such risk on behalf of my child.

In the case of injury, I authorize the Teaneck Garden Club staff to administer first aid and/or obtain whatever medical treatment they deem necessary for the welfare of my child. I further agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

I, the undersigned, hereby hold the Teaneck Garden Club, its employees and agents harmless from liability for any and all medical and/or accident expenses or property loss that my minor child may incur during his/her involvement in Teaneck Garden Club programs. I give permission for my child to participate in walking trips within the neighborhood. I also consent to allow Teaneck Garden Club to utilize photographs, video and voice recordings of my child participating in Teaneck Garden Club programs in Teaneck Garden Club promotional efforts.

I have read and understand and agree to these terms and conditions.

Guardian signature: _____ Date: _____

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FOR OFFICIAL USE ONLY:

Proof of Residency: _____

Paid: check # _____ cash _____ School _____