

Registration Form - Follow the Farmer Club - Spring 2023

Ages 4-12

Dates: 5/16, 5/23, 5/30, 6/6 (4 Tuesdays in all)

Time: 7-8 p.m.

Location: Roots & Shoots Youth Farm
3398 Merritt Rd., Ypsilanti, MI 48197
Note that this is west of US-23, off of Platt Rd.

Email registration:

Email pic of completed form to suegreman@gmail.com
& bring payment to first day of club.

Fee: \$25

Make check payable to: **"CCAA Follow the Farmer"**
Children under 4 are free with accompanying parent.

Registration deadline: Please register by May 14.

For further information: www.followthefarmer.org
suegreman@gmail.com, (734) 730-6000.

SECTION 1 - FAMILY INFORMATION

Home Address: _____

City: _____ State: ____ Zip: _____

Primary phn: _____ (circle 1: land or cell)

Alternate phn: _____ (circle 1: land or cell)

Primary email: _____

Alternate email: _____

Do you want both email id's on our weekly club list? Y or N

Home Church (if any): _____

Family support - are there ways you'd like to help out?
e.g., setup, teardown, group parent, etc.

Dad/guardian (list area): _____

Mom/guardian (list area): _____

Older sibling (list name, age & area): _____

SECTION 2 - CHILD INFORMATION

Child 1: Gender (M or F): ____ Age: ____

Grade this fall: ____

First Name: _____

Last Name: _____

Child 2: Gender (M or F): ____ Age: ____

Grade this fall: ____

First Name: _____

Last Name: _____

Child 3: Gender (M or F): ____ Age: ____

Grade this fall: ____

First Name: _____

Last Name: _____

Child 4: Gender (M or F): ____ Age: ____

Grade this fall: ____

First Name: _____

Last Name: _____

SECTION 3 - RELEASE STATEMENT

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the child(ren) listed on this/these registration form(s), authorize the participation of my child(ren) in Spring 2023 Follow the Farmer Club (this "Program"). I understand that this Program is a nonprofit Christian farm club ministry program for children/youth and that my child(ren)'s participation is voluntary. I further understand that my child(ren)'s participation in the activities of this Program involves the risk of injury and even death from various causes, including but not limited to accidents, falls, illness, ticks, bees, weather related injuries, equipment defects, and negligence of staff or volunteers. On behalf of my child(ren), me, and my family, I assume these risks. In consideration of the privilege of my child(ren)'s participation in this Program, and on behalf of my child(ren) and me as parent/guardian, I do hereby release, forever discharge, and agree to hold harmless, the sponsoring church (Calvary Chapel Ann Arbor) and its officers, leaders, volunteers, and any of the other churches, organizations, or persons associated with this Program from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or my child(ren) that occur while my child(ren) is/are participating in this Program.

MEDICAL CONDITIONS

I understand that participation in this Program may involve strenuous physical activity. I agree that my child(ren) is/are healthy and able to participate in this Program's activities.

CONSENT TO MEDICAL TREATMENT

In the event any of my child(ren) is/are injured or become(s) ill in Program activities, and if I, the parent or guardian, am not present to make medical decisions, I hereby give my permission to the sponsoring church, its leaders, and volunteers to take my child(ren) to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

of custodial parents/guardians: ____ (if 2, both signatures needed)

Signature 1: _____

Printed Name 1: _____ Date: _____

Signature 2: _____

Printed Name 2: _____ Date: _____