

# Registration Form - Follow the Farmer Club - Harvest Event - Fall 2022

## Ages 4-12

**Date:** Saturday 9/24/2022

**Time:** 4-5 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:** \$10

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

**Registration deadline:** Please register by noon 9/22.

**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 Fall 2022 Follow the Farmer Club Harvest Event (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: \_\_\_\_\_