

2014 SEEDlings Summer Programs Registration and Waiver
PLEASE READ THE FOLLOWING CAREFULLY AND PHOTOCOPY FOR YOUR RECORDS
SEEDS, PO Box 824 Blacksburg VA 24063-0824 - discover@seedskids.org

Participant Name: _____ **Parent/Guardian Name(s):** _____

Date of Birth: _____ **Address:** _____

Age: _____ **Phone h/w:** _____

Gender: _____ **Email:** _____

Emergency contact: _____ **Emergency phone:** _____

List any medical conditions such as allergies, asthma, reactions to stings and medicine.

Please list child's physician and phone number:

Please **circle** which program you are signing up for below. If you want to try for more than one week, please prioritize by numbering 1st and 2nd choice, etc.

July 14-18, for ages 3-6 years, Fee: \$100 | July 28-Aug 1, for ages 3-6 years, Fee: \$100

July 21-25, for ages 3-6 years, Fee: \$100 | Aug 4-8, for ages 3-6 years, Fee: \$100

Registration is open until programs fill. Some mixing of close ages (friends/siblings) may occur. A DEPOSIT OF 50% is required with registration. Mail to: **SEEDS PO Box 824 Blacksburg VA 24063 (Balance due on the first day of each program that you register for.) You may also drop registration off at the SEEDS – Blacksburg Nature Center during open hours.** Registrations will be selected randomly from all those received by 5 pm on April 1.

*** If you are interested in FINANCIAL AID, please contact SEEDS.** If you are interested in making a donation to the SEEDS program fees scholarship fund please contact SEEDS. Your donations are tax deductible under Section 501(c)(3) of the Internal Revenue Code.

WAIVER: (1) In consideration of the acceptance of my application for entry in the above event or class, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have as a result of above named participation. This release is intended to discharge in advance SEEDS and Seek Education, Explore, DiDiscover, Inc. and its agents, board, volunteers, and employees from and against any and all liability arising out of or connected in any way with my participation in said event or class, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. (2) I understand that serious accidents occasionally occur during outdoor activities, or indoor activities, and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of the particular activity for which the above signed is registered, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. (3) It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. (4) I give SEEDS the right to use photographs of the above signed, participating in this program, in its own promotional and news materials. (5) I and/or the above signed agree to accept and abide by the rules, regulations, and ethics of SEEDS. (6) List above any medical problems such as allergies, asthma, allergic reactions to bee stings, etc. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program (see list below) and that it is the responsibility of the parent or guardian to make sure these criteria are met. I grant my permission to transport said participant to and from said event when required and hold harmless those assigned to transport. I also agree to allow transportation of said participant to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid to the injured said participant when deemed necessary.

Parent or Guardian has read and understands the following two statements:
YOUR CHILD WILL BE INVOLVED WITH SUPERVISED PHYSICAL ACTIVITY and may run, jump, swing, and climb trees. If you do not want your child doing certain kinds of activities, please inform us in writing and we will ask your child to refrain from said activity.

YOUR CHILD MAY COME INTO CONTACT WITH OTHER LIVING CREATURES. Bee stings, tick bites, scratches from plants, and rashes as a result of contact with plants are possible. We will teach your child to identify plants like poison ivy, but they still might touch it. We will teach your child to check for ticks, but they still might get one imbedded.

Parent or Guardian Name (print): _____

Parent or Guardian SIGNATURE: _____ **Date:** _____

HEY KIDS...*Keep this page!*

Remind your **parents** of these important things.

Reminders

- You should arrive between 8:50 and 9:00. Your grownup will pick you up at 12:00 noon.
- Help your grownup put sunscreen on you before camp each morning.
- Your SEEDlings camp staff will give you a snack each day.
- Put your things in your chalk square when you get to camp. Take your things with you when you leave.
- Help your grownup remember to sign you in and out.

Bring these with you every day

- Smiles
- A water bottle with your name on it
- Insect repellent with your name on it
- A change of clothes

Ask Ms. Leslie for her cell number in case you need to contact her.

Hmm, kids may not be able to read this, so parents...please read it to them