



**BLANDFORD** | nature  
center

youth farm team



\* Complete the registration form on the next page. **Complete a separate registration form for each youth farmer.**

\* Be sure to sign and date the necessary waiver section.

\* Send payment with registration via:

1. Fax - 616.735.6255. Complete the credit information section on form.
2. Mail - Enclose check or complete credit information and send to:  
**Blandford Nature Center**  
**Youth Farm Team**  
**1715 Hillburn Ave NW**  
**Grand Rapids, MI 49504**
3. In person - bring payment and registration to the Interpretive Center Front Desk.

### **Confirmation**

Your child will be enrolled once we have received your **registration form and payment**. If the session you prefer has filled, we will contact you to discuss other options. Confirmation letters will be sent two weeks from time of registration. The packet will contain session confirmation, information on how to prepare for camp, and a map to Blandford Nature Center. Please call Jessica Lamden at 616.735.6240.14 if you have questions regarding the processing of your registration.

### **Cancellation Policy**

Notice must be received **at least ten business days before** the scheduled class to receive a refund. There will be no refunds issued after that time. **Registration begins January 17, 2012.**



## 2012 Youth Farm Team Registration Form

Participant's First Name Last Name Birth Date Gender

Street Address City State Zip

Parent/Guardian First Name Last Name

Home Phone Work Phone Mobile Phone

How did you hear about BNC's Youth Farm Team? \_\_\_\_\_

Please check boxes for sessions you wish to attend:

Spring Session - \$110.  
April 21 to May 19  
Saturdays 9AM to 12PM

Summer Session I - \$250  
June 13 to July 13  
Wed, Thu, Fri 9AM to 12PM  
**No Class on Fri., June 15**

Summer Session II - \$250  
July 18 to August 17  
Wed, Thu, Fri 9AM to 12 PM  
**No Class on Fri., July 20**

**Total Fee:** \_\_\_\_\_

**Fee is due with registration:**  Check enclosed  Visa  Mastercard

Name on Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Auth. Code \_\_\_\_\_

### Health Information (check all that apply):

**Allergies:** Foods Hay Fever Insect(s) Drugs Animals Other

**Existing Conditions:** Asthma Diabetes Heart defect/disease Bleeding / Clotting disorder  
Convulsions - Date of last seizure \_\_\_\_\_ Other

Please explain any conditions marked above. You may use the back of this sheet if necessary.

List any specific medical, physical, emotional or behavioral conditions that need to be considered.

### General Release of Liability and Authorization for Treatment

This health information is correct to the best of my knowledge and the person herein described has permission to engage in all farm activities, except as noted. In consideration for being allowed to participate in the Blandford Nature Center's Programs, I agree to assume the risk of such activities and programs and further agree to hold harmless the Blandford Nature Center and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned farm activities including off-of-farm trips by van or personal vehicle, understanding that competent leadership is provided. The Blandford Nature Center is not responsible for lost, stolen, or damaged personal articles. This document also authorizes your child to work one-on-one with a Blandford Nature Center staff member due to unseen circumstances. I also authorize the Blandford Nature Center and its assignees to use any photograph, picture, or likeness of me or my child for promotional purposes. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Blandford Nature Center staff to secure and administer treatment, including hospitalization, for my child as named above. I acknowledge that this General Release of Liability and Authorization for Treatment of the Blandford Nature Center is legally binding on me personally and on my heirs, personal representatives, successors, and assignees.

Signature of Parent/ Guardian

Date