



## Rowayton Gardeners: Class Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Permission Agreement & Emergency Information

1. I understand and agree that **no refunds are given** unless we are able to fill the spot with someone on the waitlist.
2. I/We grant permission for my child to use all of the gardening equipment and participate in all the activities during class, unless exceptions are noted below:
3. I/We grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:
  - i. Administer first aid
  - ii. Attempt to contact a parent or guardian
  - iii. Attempt to contact the child's physician
  - iv. Attempt to contact the parent through emergency contacts

If we cannot contact the parent or physician, we will do any or all of the following:

- Call another physician
- Call an ambulance
- Have child taken to the Emergency Room with a staff member

Any expense incurred will be borne by the child's family.

4. Rowayton Gardeners will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
5. I give permission for my child to be photographed for use on the Rowayton Gardeners Instagram account and Facebook page. No names of the children are ever used with the photos. If you do not wish for your child to be photographed, please note that here on the form.

Signed \_\_\_\_\_

(Parent or Legal Guardian)

Date

## Emergency Contact Information

Child's Name \_\_\_\_\_

**Mother's Name/Guardian's Name:** \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email \_\_\_\_\_

**Father's Name/Guardian's Name:** \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home#: \_\_\_\_\_

Email \_\_\_\_\_

The following person(s) may be contacted in an emergency, if we are unable to reach a parent/guardian. Please provide at least one contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent's Health Insurance Company: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

***Child's Allergies or Medical Restrictions (if none, write none):***

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Last but not least, we are thrilled to have your child join us in class and would love to know more about any interests they have or any other information you would like to share so that they will get the most out of this class!