

MINI MASTER GARDENER CAMP
"TREEmendous Trees"
Martha McClurg and Dottie Kreps, Co-Chairs
Mansfield Park Lodge (2801 S. Eaton Ave., Muncie, IN)
Saturday, April 18, 2020 8:30 am to 12:30 pm
(Registration from 8:30 am – 9:00 am)

CAMP IS LIMITED TO 50 CHILDREN.

REGISTRATION MUST BE RECEIVED BY April 6, 2020 to receive a t-shirt.

Ages: 5 years to 9 years Registration fee for the program--\$10.00

Make checks payable to: Delaware County Master Gardeners Association (DCMGA)

Child's Name: _____

Address: _____

Email: _____

Age: _____ **Birth Date:** _____ **Grade (this past year):** _____ **Boy or Girl**

A t-shirt is included with the camp fee for each child to wear during camp

Please circle the size needed for your child.

| | | | | |
|--------------|-------|--------|-------|---------|
| Youth Sizes: | Small | Medium | Large | X-Large |
| Adult Sizes: | Small | Medium | Large | X-Large |

Snacks and bottled water will be provided. If your child needs a special snack at break time or cannot have our specific foods due to allergies, etc., please let us know on this form.

Comments: _____

NOTE: This child will only be released to the adult designated on this form. The authorized adult must enter the building to sign out the child. NO EXCEPTIONS!!!

Adult Authorized to Pick up Child: _____ **Phone # to call if not picked up:** _____

Print Name of adult to pick up child

Signature of Parent/Guardian



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Photo Release:

We will be taking pictures during the day. We need your permission to use the pictures taken of your child during the Delaware County Mini Master Gardeners day camp on a poster board used at different Master Gardener activities. I grant permission to Delaware County Master Gardeners authorized agents to reproduce the photographs taken of the above program participant for the purpose of promotional, news, research, and/or educational purposes. I hereby release, discharge, and hold harmless the Delaware County Master Gardeners authorized agents from any and all claims, demands, or causes of action that I may hereafter have be reason of anything contained in the photographs.

 Signature of Parent/Guardian

 Printed Name & Relationship to Child

Health Information (Required):

List any activities the participant should avoid:

| Physical Record of Participant | YES | NO |
|--|--------------------------|--------------------------|
| Heart Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear Infections | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy to any medication | <input type="checkbox"/> | <input type="checkbox"/> |
| List medications allergic to: _____ | | |
| Other Allergies: _____ | | |
| Any other medical information that would be beneficial during the program or in an emergency: _____ | | |

Administering of Medications (if needed)

Name of medication: _____

What illness/condition is this medication intended for: _____

Dosage: _____ Refrigeration? Yes _____ No _____

Special Instructions: _____

Check one of the following:

- Tylenol/Ibuprofen may be administered by Event Personnel
- Benadryl may be administered by Event Personnel
- Medication is to be self-administered by Student
- Medication is to be administered by Event Personnel

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HOLD HARMLESS AGREEMENT

The undersigned agrees and undertakes to indemnify and hold harmless, the Delaware County Master Gardeners Association's authorized personnel from and against all claims, damages, action, liability, and expenses in connection with loss of life, personal injury, bodily injury, and or damagers to or loss of property occasioned wholly or in part by an acts or omission of the undersigned or its agents, contractors, or employees related to the undersigned activity.

I have read the above information and agree to all conditions outlined for this event.

Printed Campers Name: _____

Parent of Camper Signature: _____

Printed Parent Name: _____

Date: _____

Camp registration papers must be turned in before your child can attend the camp. This information will only be used by the Purdue Extension Program Mini Master Gardener's Day Camp. The camp leaders want to ensure your child's safety and enjoyment while attending camp.

Make checks payable to: Delaware County Master Gardeners Association (DCMGA)

Mail the 4 pages of the registration and payment to:

Dottie Kreps, Chair
Delaware County Mini Master Gardener Camp
2210 Village Dr.
Muncie, IN 47304

Questions: Martha McClurg 309-299-5157 or delcomg1@gmail.com