



Growing Communities of Healthy Eaters

The Sylvia Center at Katchkie Farm Young Chefs Farm Camp Registration Form 2018

Camper Info

Child's Name _____ DOB _____

Dietary restrictions, allergies, or other medical conditions we should be aware of:

Attending: **Session One:** August 14-17 **Session Two:** August 21-24

Parent/Guardian Contact Info

Name (s) _____

Street Address _____

City _____ State _____

Primary Phone _____ Other Phone _____

Email _____

Alternate Emergency Contact Info

Name _____

Relationship to child _____

Street Address _____

City _____ State _____

Primary Phone _____ Other Phone _____

Email _____

Permission to secure treatment: I give permission to have my child treated by authorized staff or a physician in case of severe illness, injury, or other emergency in which I cannot be reached. I hereby give permission for the medical personnel selected by the Sylvia Center Director of Programs to order x-ray, routine tests, and all treatments necessary if I cannot be reached in an emergency.

Signature of Parent/Guardian: _____ Date: _____



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The Sylvia Center at Katchkie Farm **Young Chefs Farm Camp Registration Form 2018**

Child's Name: _____ **Date:** _____

The Sylvia Center at Katchkie Farm ("TSC") acknowledges that your child has enrolled to participate in one or more of our Young Chefs Garden Program days located on Katchkie Farm: 745 Fischer Rd. Kinderhook, NY 12106 (the "Property").

TSC is a working farm. As such, heavy duty farming equipment, live animals, electrified fences, and other such hazards inherent to farming activities exist on the Property and may pose a danger to your child. You acknowledge these hazards exist and agree to assume full responsibility for your child and understand and accept any risk of injury in connection with your child's participation in the Program or your child's presence on the Property.

You, by signing this Release Waiver of Liability, on behalf of yourself and your child hereby release and hold harmless TSC and its officers, directors, employees and representatives, from any and all liability resulting from any injury your child may sustain in connection with and arising out of such hazards, or in connection with your child's participation in the Program, or your child's presence on the Property. You acknowledge that TSC is undertaking no duties with respect to you or your child.

Signature of Parent/Guardian: _____ Date: _____

Registration & Payment

The program fee for the Young Chefs Farm Program is \$400, unless you have received a scholarship. Checks can be made out to "The Sylvania Center" and mailed with this completed registration form (3 pages) to: **The Sylvania Center, 34 Fischer Rd. Ext. Kinderhook, NY 12106**. Full payment at the time of registration is needed to hold your spot. Registration is open until filled.

Cancellations and Refunds

As these are uniquely scheduled programs designed for a small group, we will be unable to refund program fees should a participant not be able to attend. Should The Sylvania Center need to cancel any program day for any reason, you will receive a full refund for that day.

Please contact Jenn So, Director of Programs, at (518) 755-0868 or jenn.so@sylviacenter.org with any questions or concerns you may have. We look forward to seeing you on the farm!



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Program Participation Form and Photo Release

Child's Name: _____

Date: _____

I, the undersigned parent/guardian of the above-named applicant, do hereby give my permission for the above named applicant to participate in programming ("Program") conducted by The Sylvania Center ("TSC"), a not for profit agricultural and food education center operated by TSC Inc. The Program shall include activities at various locations at Katchkie Farm (the "Premises").

I give permission to have my child treated by authorized staff or a physician in case of severe illness, injury, or other emergency in which I cannot be reached. I hereby give permission for the medical personnel selected by the Sylvania Center Education Director to order x-ray, routine tests, and all treatments necessary if I cannot be reached in an emergency. I assume all risks and hazards incidental to the activity and transportation and agree to hold harmless and release TSC, Inc. , Big Dreams LLC and Katchkie Farm LLC (collectively referred to as the "Entities"), and their employees, officers, directors, volunteers, agents and consultants from and against all causes of actions, claims, rights, or demands, which applicant may have as a result of any losses, damages, expenses, personal injury or death, which applicant or any person on the Premises may suffer or sustain in connection with applicant's visit to the Premises or participation in the Program. I hereby grant the Entities and their respective officers, directors, employees, agents, representatives and assigns, and those acting with TSC's permission and authority, the irrevocable right, including artistic, proprietary, and commercial, to use my name, likeness, picture, portrait, or photograph in all forms and media and in all manners, for publicity, promotion, advertising, trade or any other lawful purpose without compensation. I waive any right to inspect or approve the picture, portrait, photograph, film, t/v cable recording, or any accompanying editorial, advertising copy or printed matter.

Parent or Legal Guardian Signature _____

Printed Name _____