

REGISTRATION AND CONSENT FORM

VCMGA Kids SUMMER CAMP (ages 6-12)

Location: VEG Pavilion, 283 Bachelor Dr., Victoria, Texas

JUNE 2-6, 2025 8:30 am to 12 Noon

FEE \$65 --- Registration is open from May 1st through May 26th

REGISTRATION DEADLINE: *May 26, 2025* Enrollment *limited to first 60 children REGISTERED & PAID*

Additional questions: Nancy Kramer 361-935-1556

STUDENT NAME: _____

Age: _____ Grade: _____ Gender: Male Female Ethnicity: White Black Indian Hispanic Asian Other

Name and Address of **Parent or Guardian:** _____

_____ email address: _____

Cell: _____ **Home:** _____ **Work:** _____ **Emergency Contact:** _____

NAME OF PERSON PICKING UP THE CHILD: _____

If any, list special accommodations, (wheelchair, walker, etc.) _____

LIST ANY ALLERGIES: (Medicine & Other) _____

LIST ANY: Food restrictions or dietary needs (*medical or cultural*) _____

(If your student needs special accommodations for snacks, Please furnish their snacks)

PARENTAL CONSENT:

We, or I, hereby grant permission for our, or my, child to participate in the 2025 Victoria County Master Gardener Association (VCMGA) Kids Summer Camp. In consideration for this, we or I, hereby covenant and agree to hold harmless VCMGA and the Texas A&M AgriLife Extension Service against any and all lawsuits, claims, demands, liabilities, losses and expenses including court costs and attorney’s fees for and on account of any injury to ourselves, myself, and our, or my child, which may arise or may alleged to have arisen out of or in connection with our, or my child’s participation in program activities.

We, or I, also understand our, or my, child may be dismissed from the program for inappropriate language or behavior and will be sent home at the expense of parents/guardians with no refund of program fees. Each participant has the right not to participate in any program activities which makes him or her uncomfortable.

Be it understood that off campus visitors will not be allowed to attend the program except for parents and guardians.

We, or I, also grant permission to photograph our child for recognition, advertising or media purposes

PARENTAL Signature _____ **Date** _____

CHILD’S Signature _____ **Date** _____

ALL ENTRIES MUST BE SIGNED Please print and mail completed form with payment to VCMGA, PO BOX 3822, Victoria, TX 77903 or return to Victoria County Extension Office, 528 Waco Circle (Victoria Airport)

Extension programs serve people of all ages regardless of socioeconomic level, race, color, sex, religion, disability, or national origin. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating