

**REGISTRATION AND CONSENT FORM**

**VCMGA Kids SUMMER CAMP** (ages 6-12)

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

JUNE 3-7, 2024 8:30 am to 12 Noon

FEE \$65 --- Registration is open from May 1st through May 24th

REGISTRATION DEADLINE: *May 24, 2024* Enrollment *limited to first 60 children REGISTERED & PAID*

**Additional questions: call Nancy 361 935 1556**

**STUDENT NAME:** \_\_\_\_\_

Age: \_\_\_\_ Grade Completed : \_\_\_\_ Gender: Male Female Ethnicity: White Black Indian Hispanic Asian

Name, Address and Email of **Parent or Guardian:** \_\_\_\_\_

\_\_\_\_\_

**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 2024 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