



Summer AgriCorps Participant Registration

Mission: Victory Garden Initiative builds communities that grow their own food, creating a community-based, socially just, environmentally sustainable, nutritious food system for all.

Applicant's Information

Participant's Name (First and Last)		Age:	DOB:
Address:			City, State, Zip:
Parent/Guardian Name(s)			
Phone:	Email (Please print clearly!):		
2nd Phone:	Alternate Email:		

Program Leader: Christine, Youth & Farm Programs Manager

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Office: 414-431-0888

Cell: 414-840-9741

Location: Victory Garden Urban Farm (220 E. Concordia Avenue, Milwaukee, WI 53212) and Victory Garden Farmhouse (249 E. Concordia Avenue, Milwaukee, WI 53212). Sessions meet at Farm daily. On rainy days, will meet at Farmhouse.

What to Expect: AgriCorps Participants will...

- have a chance to get their hands dirty while being outside in the fresh air;
- connect to a local food source while learning how their food grows;
- taste vegetables and understand why they are nutritious for our bodies;
- plant seeds and watch them grow throughout the summer;
- have fun while learning with games and activities;
- gain leadership experience and work ethic while harvesting food, pulling weeds, and participating in activities;
- participate in personal development and youth empowerment sessions.

Schedule and Hours: Mondays and Wednesdays, 2-4pm

Program Participation Commitment:

- To show up every day on time ,
- To actively listen,
- To participate fully with every activity,
- To act respectfully to everyone and to myself,
- To be a positive role model to friends, family, and neighbors. Being a positive role model includes eating healthy, taking care of the environment, and helping each other,
- To have a positive attitude,
- To come properly attired for being outside in all weather (shoes, shirts, rain jacket, etc),
- To be honest,
- To handle all food and equipment properly,
- To respect the land and not litter on it,
- To not use cell phones or iPods while at the Farm, unless given permission to do so for an activity,
- To not leave the Farm without notice,
- To not steal, vandalize, fight, or commit verbal abuse,
- To not have, deal or be under the influence of drugs,
- To not have a knife or gun

General Health: Please inform us of any of the following. This information will be kept confidential but is necessary for VGI staff in order to ensure the health and safety of your child and other children enrolled in the program. Know that we prepare food daily as part of the activities and that there are beehives on site.

Child Name:

Condition	YES/NO	Specific Information Related to Condition (i.e. treatment, symptoms to watch for, precautions etc)
Food Allergies, Sensitivities, or Religious/Cultural Restrictions		
Seasonal Allergies		
Bee Allergy		
Asthma		
Other injuries or conditions		

Emergency Contact Information

Primary Contact Name: _____ Relationship: _____

Phone Number(s): _____

Secondary Contact Name: _____ Relationship: _____

Phone Number(s): _____

Special Instructions: (i.e. Are there specific doctors that needs to be consulted, more information on the above restrictions, or anything else that would help VGI staff ensure the physical and emotional well-being of your child?)

Parent/Guardian Permission

Parents/Guardians, please fill out this page and send with your child to the first day of programming. Thank you!

Permission:

I give permission for _____ to attend and participate in Victory Garden Initiative's Summer AgriCorps program, beginning July 1st, 2019 - August 21st, 2019.

Health Agreement:

I agree that _____ is in good health and can, with reasonable accommodation, physically participate in all aspects of the outdoor-based program.

Hold Harmless:

I understand that participation in the Summer AgriCorps program involves a certain degree of risk. I have carefully considered the risk involved and have given consent for _____ to participate in the program. I understand that participation in the program is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I agree to release Victory Garden Initiative, its agents, its employees, and its certified volunteers from and against any claim arising from my or _____'s participation in the Summer AgriCorps Program. I agree to indemnify and hold Victory Garden Initiative harmless from and against any claims, whether caused by passive negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin.

In Case of Emergency

In case of emergency involving _____, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. I understand that it is my responsibility to inform Victory Garden Initiative staff of any and all medical conditions and limitations of _____ so that they may provide adequate care in the event of an emergency.

Photograph and Media Release

I agree that photographs, slides, movies or videos of _____ in connection with participation in this event or activity without compensation from Victory Garden Initiative (or Permittee/Sponsor) and consent to the use of these photographs, pictures, slides, movies or videos for any legal purpose.

I attest that I am signing this voluntarily.

Parent/Guardian Print Name

Signature

Date