

Food, Fun and Fitness Class

Registration Form



Child's Name _____ Boy ___ Girl ___ Birth date ___/___/___ Grade _____

Additional children from the same family:

Name _____ Boy ___ Girl ___ Birth date ___/___/___ Grade _____

Name _____ Boy ___ Girl ___ Birth date ___/___/___ Grade _____

Name _____ Boy ___ Girl ___ Birth date ___/___/___ Grade _____

(During 2016-17 school year)

Parent/Guardian Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Number of people in household _____

Emergency Contact _____ Phone _____ Relationship _____

Your child will be preparing one or two recipes each day of the program. To assist us with planning for the cooking lessons, please let us know if your child will be NOT be attending on any of the following days:

___ Monday, July 31 ___ Tuesday, Aug. 1 ___ Wednesday, Aug. 2 ___ Thursday, Aug. 3 ___ Friday, Aug. 4

You are invited to a Family Event!

Saturday, August 5th 11:00-1:30 p.m. at the Library

Your child will be preparing lunch for his/her family. We hope you will join us!

RSVP: _____ Number attending. (Or let us know during the week of class)

For additional information:

Karleen Craddock, UW-Extension
4-H Youth Development Educator
(608) 647-6148



Return registration forms to:

Emily Zorea, Youth Services Librarian
Brewer Public Library
325 North Central Ave
Richland Center, WI 53581



There is no cost to participate in the Food, Fun and Fitness program. Funding is provided by UnitedHealthcare through a 4-H Food Smart Families grant. The grant requires that we request family financial information. Providing this information is optional and will not affect your child's eligibility.

Is your family eligible for free or reduced cost for school lunches? Yes No Do not know

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
White Two or more races Prefer not to respond

Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to respond

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ALLERGIES

Are there any allergies or health related issues we should know about? Please indicate "none" if there are no allergies.

Child's Name _____ Allergies _____

Child's Name _____ Allergies _____

Child's Name _____ Allergies _____

Child's Name _____ Allergies _____

Other health related issues? _____

This health history is correct as far as I know and my son/daughter/ward has my permission to engage in all prescribed activities. In the event of a serious injury or illness, I will be notified. If I cannot be reached in an emergency, I hereby give my permission to the physician to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my son/daughter/ward. I also agree not to hold UW-Extension or Brewer Public Library responsible for any personal injury or accident while attending this session.

Parent Signature _____

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MEDIA RELEASE

I grant UW-Extension and Brewer Public Library permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade or any other lawful use, information about my child(ren)'s participation in this program and reproductions (photographic or otherwise) of my child(ren)'s voice, likeness and any related creative works produced.

(please check one) I grant permission I do not grant permission

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YOUTH PLEASE READ:

I accept the opportunity to participate in the 4-H Food, Fun and Fitness Program. During the program, I will conduct myself in a responsible manner and will behave in safe and appropriate ways. I understand that failure to do so may result in dismissal from the program.

I have read the statements above and fully understand the contents.

Signature of Youth Participant

Print Name of Youth Participant

Date

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date