Gardner's Garden: Adult Registration Form

Participant's name: _____ Gender: _____

What do you want the children to call you? _____
(Note: some people prefer Mrs. Smith while others prefer Susan or Susie. There is no right or wrong.)

Address: _____

Email address: _____

Preferred phone number: _____ Alternate phone: _____

Allergies, medical or other issues of which we should be aware: _____

_____

Is there another participant who you would like to be with? _____

Emergency Contact:

Name: _____ Relationship: _____

Preferred phone number: _____ Alternate phone: _____

Please accept me for participation in the Gardner's Garden Program. I understand and agree that participation is at the discretion of the Stow Council on Aging and/or Bridges Together, Inc., and that permission to participate may be revoked at any time.

I am aware that promotional and/or press photography and/or videography may occur during this program and I give permission to Stow Council on Aging and Bridges Together, Inc. for my image to be used. If I do not wish to give permission for my image to be used, I will strike out this paragraph before signing below.

YOU MUST ALSO READ AND SIGN THE WAIVER OF LIABILITY ON THE BACK OF THIS SHEET.

Signature: _____ Print Name: _____ Date: _____

Please bring this form and a check for $25 to Stow Council on Aging, 380 Great Road, Stow, MA 01775.

You will need to go into the Stow Council on Aging with a photo ID in order to fill out a CORI form.