



Gardner's Garden: Child Registration Form

Participant's name: _____ Gender: _____

What is the child's preferred name? _____

Address: _____

Email address: _____

Preferred phone number: _____ Alternate phone: _____

Parent/Guardian's name: _____

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

Who may pick up your child? _____

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

Emergency Contact:

Name: _____ Relationship: _____

Preferred phone number: _____ Alternate phone: _____

Please accept the person named above 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 the participant's image to be used. If I do not wish to give permission for the participant's 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.

Guardian Signature: _____ Print Name: _____ Date: _____

Please send this form and a non-refundable check for \$125 to Stow Council on Aging, 380 Great Rd., Stow, MA 01775