

# City Sprouts Program Registration Form

Name of Participant \_\_\_\_\_

Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**PROGRAM: (please check which program you will be attending)**

- Literature in the Garden –at the Paterson Public Library  
Thursdays 10am – 12 pm – July 9 through August 20, 2009
- Wildlife Gardening – at The City Green Learning Garden  
Fridays 10am – 12pm – July 10 through August 21, 2009
- Me and My Environment - at the City Green Learning Garden  
Fridays 10am – 12pm – July 10 through August 21, 2009

**Emergency Contact Information:**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Please leave number where you can be reached during program hours)

**Medical Information (please list any health conditions and/or allergies, such as bee sting allergy, asthma, etc.):** \_\_\_\_\_

I understand that I or my child are gardening at our own risk. I therefore agree to hold harmless City Green, the City of Paterson, and any other associated parties for any liability, damage, loss or claim or judgement arising from injury to person or property that occurs while gardening with City Green.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Thank You for Participating!