

Young Farmer's Program Registration and Permission Form July 11-15, 2016 at Rocklands Farm

Registration Form

Description of Program:

The Rocklands Farm Young Farmer Program aims to give students a glimpse of the origins of their food and how it is grown.

Students will see first-hand how we grow, sustain and harvest our vegetables as well as raise our animals in a good and healthy environment. They will learn how to prepare simple recipes and enjoy good food. Our program is an interactive experience with vegetable tastings and interaction with live animals. Students will cook and eat lunch and have the opportunity for further discussion and fellowship with the farmers. They will be participating in games, activities and crafts relating to our curriculum. Please ensure their attire is weather and farm appropriate.

We will be wading in the creek and going on creek walks, does your child know how to swim? If not, do you have a life jacket they could bring?

Though Rocklands Farm has taken steps to ensure the safety of each student during their stay on the premises, failure to follow instructions from Farm staff, will lead to the dismissal of that person.

Name of Participant:_____

Age:_____

Contact Number:_____

Contact E-mail:_____

**Please enclose a check for \$300 dollars made payable to Rocklands Farm
14525 Montevideo Rd Poolesville, MD 20837**

Young Farmer's Program Registration and Permission Form July 11-15, 2016 at Rocklands Farm

Permission Form

Student Name_____

Parent Name: _____

Do you have any medical conditions, allergies or dietary concerns Rocklands Farm should know about? _____

EMERGENCY INFORMATION: Parent/Guardian

Home address_____

Home phone_____ Cell phone_____

Work phone_____

Student's physician_____ Phone_____

Your Insurance/major medical company Group or personal policy
#_____

Policy holder's ID #_____

I grant permission for my child to be photographed for possible inclusion in a Rocklands Farm publication and/or video, or in other publications for the purpose of promoting Rocklands Farm.

Yes_____ No_____

I have read a description of the Rocklands Farm Farm to Fork program and give my child permission to attend. Furthermore, by signing below, I release Rocklands Farm LLC & the Glenn Family from any injury, damages, or death incurred from the event stated above. In the event I cannot be reached & emergency hospital care/treatment is needed, I understand my child will be taken to the nearest hospital and given emergency care.

Parent/Guardian

signature_____ **Date**_____

TO STUDENT PARTICIPANT:

Visiting a working farm has many risks involved and it requires your full attention to Rocklands Farm staff, who are ensuring your safety at all times. You must be attentive, responsive, and responsible at all times. The use of cell phones or other electronic devices is not permitted during our program. Accordingly, we ask that you sign below to indicate that you have read this permission form and agree to these conditions.

Student signature_____ **Date**_____