

Name of participant: _____

In order to have a **successful** program for the children we need to have an understanding of requirements of parents and youth. Please read the following information and sign.

- ✍ **All children need to return this form to participate in the program.**
- ✍ Please return this form along with the \$30.00 fee and remember space is limited, so **register early!** (\$40.00 if received after June 1st.)

As a responsible parent/guardian, I agree to the following:

- ✍ To have children to the program at 9:00 a.m. each day, and pick them up promptly at 2:00 p.m. each day. Rain or shine.
- ✍ To inform staff if your child will not be attending one week in advance.
- ✍ To discuss polite and respectful behavior with children to assure a successful program.
- ✍ Provide child's medication to staff.
- ✍ I give permission to have my child consume foods.
- ✍ I give permission to have my child take a field trip(s) on a school bus.
- ✍ (Dates to be determined)

Release of Student

No student shall be released to someone other than the parent or legal guardian without completion of the form below:

My child _____ may be released to the following people: (please include parent's names)

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Signature of parent/guardian

Date _____

I agree to obey the Food, Fun & Fitness rules of respect.

Student signature

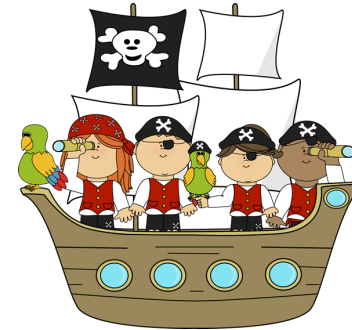
Please fill out both sides & return



FLORENCE 2017



Discover the *Hidden Treasures* at FOOD, FUN & FITNESS



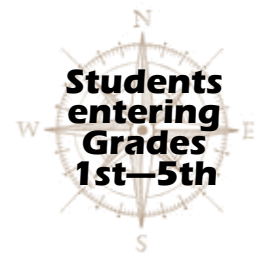
BEST SUMMER DEAL AROUND!!

This year's special features:

- ◆ Strawberry Farm
- ◆ Nelson's Wild Safari
- ◆ All the usual favorites

Free
**USDA Breakfast
and Lunch**
For anyone
<18 years old

Scan to register
online



Partner Sponsors:

Florence County: UW-Extension, Schools, Library, Human Services & Land Conservation
And: Glacial Gardener Master Gardeners Association, St. Vincent DePaul,
Golden Living Center, & USDA Summer Food

Come and explore this year's Hidden Treasure program with lots of crafts, games, food, gardening, and other fun activities!



Free

Breakfast & Lunch are provided.

For anyone <18 years old

Location:

Florence Elementary School

If interested an Aurora site is available. Space is limited, so register now!

**Mondays and Wednesdays,
rain or shine:**

9:00 a.m. to 2:00 p.m.

June 19 & 21

June 26 & 28

July 10 & 12

July 17 & 19

**NO PROGRAM ON
July 3rd & July 5th!!!**



**Activities co-lead by:
Adults and High School Youth**

**\$30.00 materials fee
If mailed before June 1st.
\$40.00 after June 1st.
Scholarship opportunity
through Florence
St. Vincent de Paul
*You must call them at
715-528-4720***

**Please mail registration
form and your check
payable to:
UW-Extension
5628 Forestry Dr.
Florence, WI 54121**

**Questions:
715-528-4480:
Sabrina Leffler—Ext. 113
Meg Dallapiazza—Ext. 114
Jeanne Richard—Ext. 115**

**Florence
Summer Food, Fun & Fitness 2017
Registration**



Register online at <https://goo.gl/6pZ8y7>

Brochure is available on the web at: <http://www.uwex.edu/ces/cty/florence/>

Child's Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____

Age _____ Grade entering in the fall _____

OPTIONAL

Race _____

Sex ☐ F ☐ M

Disability ☐ Y ☐ N

Identify any special needs (allergies, diet, medications, asthma etc.) What do you usually do under these circumstances?

Food allergies? No _____ Yes _____ What? _____

Bee Allergies? No _____ Yes _____ Is a bee sting kit needed? No _____ Yes _____

Parents/Guardian Name(s) _____

Daytime phone _____ Evening phone _____

Emergency Information:

Emergency Contact Person _____ Phone _____

Secondary Contact Person _____ Phone _____

Primary Care Physician _____ Phone _____

Insurance Policy Name & # _____

Disclaimer for Emergency Treatment-I give permission to have my child treated for a First Aid emergency on the scene or if necessary transported to Dickinson County Hospital, Iron Mountain, Michigan or the nearest medical facility.

I hereby release the Summer Food, Fun & Fitness Program and all partners from any and all claims and liability of personal injury or property damage due to participation of this program. I certify that my child is in good health and is able to participate. If any attention is required for illness or injury, I give my permission for such care. I give consent for my child to be photographed, videotaped filmed, or evaluated/surveyed while participating in program activities and for the resulting images to be used for promotional and educational purposes. Please note that someone will be taking videos and pictures of the participants at Food, Fun & Fitness. UW-Extension will use these videos and pictures in a manner consistent with UW-Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.

Parent/Guardian Signature _____

_____ Date _____

Please fill out both sides & return

An EEO/Affirmative Action employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title IX and ADA requirements. Please make requests for reasonable accommodations to ensure equal access to educational programs as early as possible preceding the scheduled program, service or activity.