

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 \$25.00 fee (checks made payable to Extension Florence County) and remember space is limited, so **register early!**

**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 and instructions to staff.
- ↳ I give permission to have my child consume foods.
- ↳ I give permission to have my child ride a school bus for the purpose of Food, Fun & Fitness programming.

***Release of Student***

My child may be released to **ONLY** the following people:

\_\_\_\_\_  
Mother/Guardian Phone: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Phone: \_\_\_\_\_

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian Date \_\_\_\_\_

I agree to obey the 3 Food, Fun & Fitness rules of respect:  
*Respect Self, Respect Others, and Respect Property.*

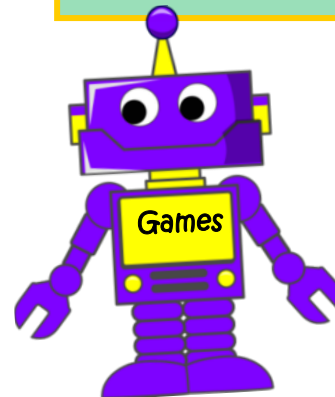
\_\_\_\_\_  
Student signature Date \_\_\_\_\_

**Please fill out both sides & return**

# 2022 Food, Fun & Fitness



**Kids Entering 1st—5th Grade**



Sponsored by:  
UW Madison-Extension Florence County, Florence Co. Schools, Florence Co. Human Services, Florence Co. Land Conservation, Florence St. Vincent DePaul, & USDA Summer Food Program

# Free USDA Breakfast & Lunch

For anyone <18 years old per the USDA Summer Food Program



## Location:

**Florence High School**  
Mondays and Wednesdays  
rain or shine:

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

June 20 & 22

June 27 & 29

July 11 & 13

July 18 & 20

**NO PROGRAM ON**  
**July 4th & July 6th!!!**



## Location:

**NWTC Woodland Aurora**  
Tuesdays and Thursdays,  
rain or shine:

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

June 21 & 23

June 28 & June 30

July 12 & 14

July 19 & 21

**NO PROGRAM ON**  
**July 5th & July 7th!!!**

## \$25.00 Participation Fee

Mail by June 1st.

Scholarship Available for  
Florence County Residents  
St. Vincent de Paul  
**You must call them at**  
**715-528-2030**

Please mail registration  
information and check  
payable to:  
Extension Florence Cty  
5628 Forestry Dr.  
Florence, WI 54121

**Wear old clothes.**  
**Kids will get dirty and**  
**wet!**

Extension  
Florence County  
715-528-4480  
Jane-Ext. 1



## Location: Choose One

☐ **Florence High School (Mondays & Wednesdays)**

☐ **NWTC Woodland Aurora (Tuesdays & Thursdays)**

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

What School District did Child attended during 2021-2022 school year? \_\_\_\_\_

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 \_\_\_\_\_

Emergency Information: (other than parent/guardian)

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

I hereby agree and certify the following:

- ◆ To 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.
- ◆ That my child is in good health and is able to participate.
- ◆ If attention is required for illness or injury, I give my permission for such care.
- ◆ I give permission to have my child treated for a First Aid emergency on the scene or if necessary transported to the nearest medical facility.
- ◆ I give permission for my child to have sunscreen & bug spray put on.
- ◆ That my child can 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.

Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Please fill out both sides & return**

