



Hilltop Garden and Nature Center

Youth Garden Program

2009 Registration Application

Please fill out one for each child in the program.

Hilltopper Name: _____

Address: _____

Home Phone: _____

Gender: M F Date of Birth: (month/day/year) ____/____/____ T-Shirt (youth) size ____

Hilltopper Age at Beginning of Program ____ Hilltopper Grade at Beginning of Program ____

Please select sessions of attendance:

Session #1 Monday, June 15th-Friday, June 26th _____ \$215 Theme: Plants/Trees

Session #2 Monday, June 29th- Friday, July 10th _____ \$215 Theme: Wildlife/Animals

Session #3 Monday, July 13th- Friday, July 24th _____ \$215 Theme: Ecology/Environment

Session #4 Monday, July 27th-Friday, August 7th _____ \$215 Theme: Weather/Water Cycle

**Additional siblings are offered a \$20 discount.

All sessions are Monday-Friday, 9:00 a.m. to 12:00 noon. Pick up is promptly at 12:00 noon.

_____ Drop off/pick up outside normal hours (specify) _____ (\$10 per day; \$5 per hour)
(8 a.m.-9 a.m.; 12:00 noon-1 p.m.)

Parent/Guardian Information:

Please provide contact information for two parents/guardians, if possible.

Parent 1

Name: _____ Email: _____

Phone: home _____ work _____ cellular _____

Street _____

City _____ State _____ Zip _____

Parent 2

Name: _____ Email: _____

Phone: home _____ work _____ cellular _____

Street _____

City _____ State _____ Zip _____

Emergency Contact in case we cannot reach Parents/Guardians:

Name _____

Relationship to Child _____ Phone _____

Hilltop Garden and Nature Center

Participant Information Sheet

We wish to ensure that all campers have the best possible experience at Hilltop. Please assist us by providing the most complete and accurate information.

With or without reasonable accommodations, campers will independently be using tools such as shovels, rakes, wheelbarrows, garden carts, garden hoses, sifters, and hammers to perform basic gardening tasks (working with soil/dirt/compost, pulling weeds, watering, shoveling mulch, and planting flowers/seeds) and will, in addition, work on projects using concrete/hypertufa, and paint. Campers will also be writing. Gardening and work projects require bending, stooping, grasping, working from a crouched position, reaching, lifting, and carrying. Campers are expected to work well in groups, follow simple directions, and complete assigned tasks. In addition, campers must be independent in toileting skills; eating; changing clothes, as needed, for swimming; and tying shoes.

***Campers will be in close proximity to wildlife and domesticated dogs during their time at Hilltop.**

Camp activities will often occur outdoors and are physically demanding. Please indicate the presence of any medical condition(s) that may cause difficulty during exertional and/or outdoor activity or which may affect the individual in a group setting:

Diabetes	Hearing impairment	Autism	Cancer
Visual impairment	Dyslexia	Hyperactivity	Asthma
Has tendency to faint	Learning disability	Epilepsy	Heart condition
Broken bones	Allergies		

Other (please specify):

English language Fluent Not fluent Primary language at home:

Behavior, habits, interests:

Will the participant need accommodations to the limitations of disability? Yes No

If yes, please explain:



Hilltop Garden and Nature Center

Assumption of Risk and
Release of Liability

The Trustees of Indiana University, through its Hilltop Garden and Nature Center located on the Bloomington campus of Indiana University (hereinafter "University"), manages and conducts numerous environmental programs and activities (hereafter "Environmental Activities").

I, _____, wish to voluntarily participate in the Environmental Activities at the Hilltop Garden and Nature Center and I hereby state that:

1. I understand that the environmental activities include, but are not limited to, outdoor tasks such as gardening and nature education lessons consisting of planting and harvesting of crops, using hand tools, pruning, weeding and mulching.
2. I understand that there are certain risks inherent in the kinds of activities contemplated herein, including but not limited to, cuts, bruises, strains, sprains, allergic reactions, infection, eye injuries, broken bones, insect stings, exposure to the elements, and other mental and physical injury.
3. I understand the above risks and the scope of the Environmental Activities, and I agree to assume all the risks of my participation, including the risk of catastrophic injury or death. In the event of an injury to myself or my child, if I cannot be contacted, I give my permission to the attending qualified staff to render first aid as necessary and to the attending physician to render such treatment as would be normal, and I agree to pay the usual charges for such treatment.
4. I release and fully discharge The Trustees of Indiana University, its officers, employees and agents from any and all liability in connection with my participation in the Environmental Activities at the Hilltop Garden and Nature Center for or on account of any injury to or illness of my person or death, or for or on account of any loss or damage to any personal property or personal effects owned by me. I understand that this release applies to any present or future injuries and that it binds my heirs, executors, and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Printed Name of Participant

Signature of Participant

Date: _____

(Parent or Guardian Signature if Participant under 18 years of age)

Date: _____

Hilltop Garden and Nature Center Photographic Release



The Trustees of Indiana University, through its Hilltop Garden and Nature Center Programs (hereinafter "University"), manages and conducts programs including, but not limited to, gardening and nature education lessons consisting of planting and harvesting of crops, using hand tools, pruning, weeding, and mulching. University staff, interns, and school personnel supervise these activities.

I hereby grant the University permission to take photographs, video recordings, and/or sound recordings of _____ . I grant the University permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the World Wide Web, or in any other manner deemed necessary.

I declare that I have read and understand the contents of this Photographic Release, and I am signing this as my free and voluntary act, irrevocably binding my heirs and myself.

Printed Name

Signature

Date: _____

(Parent or Guardian Signature if Participant is under 18 years of age)

Date: _____

Hilltop Garden and Nature Center Field Trip Permission Slip

Please fill out one form for each child enrolled in the program.

I give permission for _____ (print child's name) to attend all field trips and activities related to the Summer Youth Garden Program through Hilltop Garden and Nature Center.

In case of emergency, I can be reached at the following phone number(s):

Phone number (s)

Parent/Guardian name (please print)

Parent/Guardian (signature)

Date

Hilltop Garden and Nature Center

Child Release Information

Fill in below the name of anyone else (other than parents/guardians) who is allowed to pick up your child from Hilltop. We will release your child ONLY to persons on this list. Anyone other than the parents/guardians listed will need to show identification when picking up your Hilltopper.

Name of Person

Relationship to Child

_____	_____
_____	_____



Hilltop Garden and Nature Center Registration Application Return Instructions

Please have your completed registration application, along with a check for the amount due payable to Indiana University, no later than May 30, 2009, in order to be registered for the first program. **Payroll deduction is an option for Indiana University employees.** Scholarships are available; please call for scholarship information and application or with any questions at 855-8808.

Δ Hand Delivery

Bring in the registration application with payment to Hilltop staff during business hours, 9 am to 5 pm, Monday through Friday.

Δ Snail Mail

Send the registration application with payment through regular mail to Hilltop Garden and Nature Center, 2367 E. 10th St., Bloomington, IN 47408.

Indiana University Employees Only

Please campus mail me an Indiana University payroll deduction form:

Name: _____

Dept.: _____

Bldg: _____ Rm: _____

FOR OFFICE USE ONLY

Method of Payment: Cash Check Payroll Deduction

Check # _____ Amount: \$ _____

Date of Payment: ____/____/____ Payment Received By: _____

Credit Card Visa Master Card Other _____

Number _____ Exp Date _____

Signature _____

Scholarship Amount: _____ Scholarship Sponsor: _____