

Progressive Agriculture Safety Day® 24-130

Registration and Consent Form

– COMPLETE ONE FORM PER CHILD –

K-2nd Grade Camp (8:30 - 12:00)

3rd-6th Grade Camp (11:45 - 3:00)

Name of participant _____

Age _____ Grade (as of 1/1/24) _____ Participant is: Male Female Prefer not to answer

Participant is: White/Caucasian Black/African American Asian Mixed race Hispanic
Pacific Islander/Native Hawaiian Native American/First Nation Other Prefer not to answer

Life Jacket Size: 30-50 lbs. 50-90 lbs. over 90 lbs.

Address _____ Town/State/Zip Code _____

Email Address _____

Emergency Contact's Name: _____ Relationship to the Participant: _____

Emergency Contact's Phone: _____

Does the participant have any special needs (dietary, mobility, behavioral, etc.) that we should be aware of?

Yes No If yes, please provide details: _____

After Safety Day, the following people have permission to pick up my child: _____

Do you permit photographs, audio and/or video to be taken of your child while engaged in PAF Safety Day activities?
(Images will be used to promote safety in the media, social media, websites and promotional materials.)

YES NO

Will you allow your child to participate in a knowledge-based survey before, during and/or after the PAF Safety Day to help evaluate the effectiveness of the program?

YES NO

If your child becomes ill or injured during their participation in the PAF Safety Day, do you allow first aid to be administered? (Please note, in the event of a serious injury or illness, the emergency contact will be notified.)

YES NO

“I have read and understand the permissions granted and certify that the registration information provided is correct.”

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Please note: Children who are unable to attend safety day will not receive a t-shirt, life jacket or goody bag.