

**Flagler County Department of Juvenile Justice Council's
Community Garden**

Youth Participant Registration Form

One form per youth.

Please complete the Registration Form and Health and Liability, on back of this sheet.

Return Completed Form To: Flagler County Youth Center
5510 Rt. 100
Palm Coast, FL 32164

The program is open to Flagler County youth, 6th grade and up, requiring Community Service Hours or Volunteering to develop & maintain Flagler DJJ Council's Community Garden. (There is no charge for this program.)

Please Print:

Youth's Name: _____ Birthdate: _____

E-Mail: _____ Grade: _____

Parent/Guardian: _____

E-Mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Other Emergency Contact and Phone number: _____

Relationship: _____

*Note: Transportation to and from Community Garden is the responsibility of Participant's family.

Who is authorized to pick up your child? (List name and contact information)

Turn page over and complete Page 2

(2)

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Health and Photo Release Form

(Please Print)

Participant's Name: _____

Medical Insurance Company: _____

Policy Number: _____

Family Physician: _____ Phone: _____

Please indicate any restrictions, physical impairments, and necessary limitations of activities:

Please list any allergies:

Release:

I permit Flagler County Department of Juvenile Justice Council to use photos or videos taken of my youth volunteering for Flagler Department of Juvenile Justice Council's Community Garden for promotion and advertising.

Signature of Parent/Guardian _____

Date: _____

FLAGLER COUNTY DEPARTMENT OF JUVENILE JUSTICE COUNCIL
COMMUNITY GARDEN CONSENT/LIABILITY RELEASE FORM

GARDENER'S NAME _____ PHONE _____ DOB _____

ADDRESS _____ ZIP _____

MOTHER'S NAME _____ WORK PHONE _____

FATHER'S NAME _____ WORK PHONE _____

IF NECESSARY, I GIVE PERMISSION TO TRANSPORT MY CHILD TO THE NEAREST
MEDICAL FACILITY FOR TREATMENT: Yes___ No___

TELEPHONE NUMBER TO CALL IN CASE OF EMERGENCY: _____

As parent or guardian of _____, I do hereby give my permission for
him/her to participate in this activity acknowledging that this activity does have risks and
dangers, which could cause injury. All participants shall adhere to all posted rules and
regulations and only use this facility during the hours of operation. I understand that if
_____ (Gardener's Name) violates any of the rules and regulations,
he/she will not be able to use the facilities.

**Furthermore, I do hereby agree to indemnify, release and hold harmless
Flagler County, the Flagler County Department of Juvenile Justice Council,
the Flagler County School System, their employees and volunteers, from any
liabilities resulting from injuries incurred by _____
(Gardener's Name) while at this facility.**

Signature of Parent or Guardian

Date

Signature of Gardener

Date