

# Little Sprout's Summer Class

by Flinchbaugh's Orchard and Farm Market

Summer 2017  
Wednesday's, June 14-August 9  
Morning and Evening Class Times Available!



## REGISTRATION FORM

(one child per form please)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergic to Bee Stings (yes, no or unknown): \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Any Other Medical Issues We Should Be Aware Of: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you give us permission to use your child's photo? Yes No  
(circle one)

Is your child attending with a sibling and/or a friend? Yes No  
(circle one)

Names: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

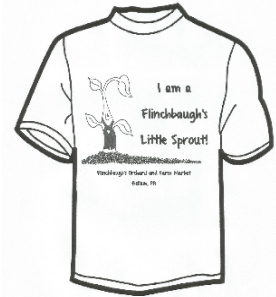


Please circle below, the classes your child WILL BE attending under the correct class time.

Wednesday 9AM	Wednesday 11AM	Wednesday 5PM
June 14:	June 14:	June 14:
June 21:	June 21:	June 21:
June 28:	June 28:	June 28:
July 5:	July 5:	July 5:
July 12:	July 12:	July 12:
July 19:	July 19:	July 19:
July 26:	July 26:	July 26:
August 2:	August 2:	August 2:
August 9:	August 9:	August 9:

**Little Sprouts T-Shirt:** Price: \$9.00 each T-shirt Color: Red

Please circle your child's t-shirt size: X-Small Small  
All sizes are child sizes Medium X-Large  
Large



\_\_\_\_\_ I would NOT like to purchase a t-shirt for my child at this time.

**Wavier:**

I, \_\_\_\_\_, acknowledge that I am the parent or legal guardian of the child identified above and voluntarily authorize my child to participate in the activities at Flinchbaugh's Orchard and Farm Market Little Sprouts Classes. I understand that there are times that minor injuries could occur and I give permission for authorized personnel at Flinchbaugh's Orchard and Farm Market to administer first aid to my child. In the event of a major injury, I understand emergency personnel will be contacted. I prefer that my child would be transported to \_\_\_\_\_ Hospital. I give permission to the medical personnel to treat the above child. I agree to defend, indemnify, hold harmless, waive and release Flinchbaugh's Orchard and Farm Market, together with its owners and employees against any and all liability, claims and causes of action arising out of or in any way connected with my child's participation in Flinchbaugh's Orchard and Farm Market Little Sprouts Classes.

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Flinchbaugh's Orchard Staff:**

_____	x \$7/class (if paid before June 7)	+	_____	=	_____
_____	x \$9/class	+	_____	=	_____
# of classes	(t-shirt)		(amount due)		Staff Initials & Date

\*\* Provide 1 receipt to guest and attach 1 copy of receipt to the application. \*\*



