

# Food, Fun and Fitness Class

Return registration forms **by Aug 8** to:  
Jefferson Elementary School front office  
Attn: Amy Hardy; 586 North Main Street

Child's Name \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_  
(During 2018-19 school year)

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Number of people in household \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Race:** American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander  
Two or more races Prefer not to respond

**Ethnicity:** Hispanic or Latino Not Hispanic or Latino Prefer not to respond

**Necesitamos Interpretación Simultánea Directa al Español** Si No

*Your child will be preparing one or two recipes each day of the program. To assist in planning for the cooking lessons, it is helpful to know how many children will be participating.*

**Please let us know which days your child will be attending the program:**

Monday, August 12 (12:00-2:00)

Tuesday, August 13 (12:00-2:00)

Wednesday, August 14 (12:00-2:00)

Thursday, August 15 (12:00-2:00)

## ALLERGIES

Are there any allergies or health related issues we should know about? Please indicate "none" if there are no allergies.

Allergies \_\_\_\_\_

Other health related issues? \_\_\_\_\_

This health history is correct as far as I know and my son/daughter/ward has my permission to engage in all prescribed activities. In the event of a serious injury or illness, I will be notified. If I cannot be reached in an emergency, I hereby give my permission to the physician to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my son/daughter/ward. I also agree not to hold Extension or Richland Public Schools responsible for any personal injury or accident while attending this session.

Parent Signature \_\_\_\_\_

## MEDIA RELEASE

I grant Extension permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade or any other lawful use, information about my child(ren)'s participation in this program and reproductions (photographic or otherwise) of my child(ren)'s voice, likeness and any related creative works produced.

(please check one)  I grant permission  I do not grant permission

OVER---→

**YOUTH PLEASE READ:**

I accept the opportunity to participate in the 4-H Food, Fun and Fitness Program. During the program, I will conduct myself in a responsible manner and will behave in safe and appropriate ways. I understand that failure to do so may result in dismissal from the program.

I have read the statements above and fully understand the contents.

\_\_\_\_\_  
*Signature of Youth Participant*                      *Print Name of Youth Participant*                      *Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*                      *Print Name of Parent/Guardian*                      *Date*

**For additional information:** contact Extension Richland County, Extension Educator Chelsea Wunnicke or 4-H Coordinator Karleen Craddock: 608-647-6148; [chelsea.wunnicke@wisc.edu](mailto:chelsea.wunnicke@wisc.edu); [karleen.craddock@wisc.edu](mailto:karleen.craddock@wisc.edu)

An AA/EEO employer, University of Wisconsin-Madison Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX and ADA requirements.

La Universidad de Wisconsin-Extensión, un empleador con igualdad de oportunidades y acción afirmativa (EEO/AA), proporciona igualdad de oportunidades en empleo y programas, incluyendo los requisitos del Título IX (Title IX), Title VI, y de la Ley para Americanos con Discapacidades (ADA).