

# The Natick Community Organic Farm Registration Form 2012

## How to Register for Classes at the Farm

1. All programs will be held at the Farm rain or shine.
2. ***Please fill out a separate registration form and check for winter, spring, summer and fall programs and for each participant.***
3. The Farm offers all class participants to join us as a member ( See below right hand corner for fee structure and benefits) Memberships of \$50 or greater receive membership program costs. Memberships of \$100 or greater receive priority summer registration benefits ( see summer program page for further information) . Attach check made payable to NCOF or include cash. Please make a copy of this form before sending.
4. Send registration form with payment to: NCOF, 117 Eliot Street, Natick, MA 01760 or come by and drop it off.

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Allergies/Med.Alerts \_\_\_\_\_

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

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
(summer confirmation by e-mail only)

1. Emergency Contact (Name, Phone#) \_\_\_\_\_ 2. Emergency Contact: \_\_\_\_\_

### MEDICAL INFORMATION : Parents, this section must be filled out

I realize injuries can occur from participation in Farm programs. I hereby waive, release, absolve, indemnify and agree to hold harmless The Natick Community Organic Farm and The Town of Natick (Natick Recreation and Parks Department), their board of directors, commissioners, instructors, or assignees from any claim arising out of injury to my children or myself. Should (Participants Name) \_\_\_\_\_ be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable. *I understand that an attempt will be made to contact me in an emergency*

TETANUS UP TO DATE: Yes \_\_\_ No \_\_\_ GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

PROGRAM	PROGRAM DATES & TIMES	FEE
For example: Budding Farmers	For example: June 18-21 / 9am-12 noon	<input type="checkbox"/> Member or <input type="checkbox"/> Non-Member Cost

**HELP SUPPORT  
A CHILD BY DONATING  
TO OUR  
SCHOLARSHIP FUND**

Add the above program costs  
 Add amount of new Membership Fee (Optional)  
 Add tax deductible donation for scholarship Fund (Optional)

**TOTAL**

= \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 = \$ \_\_\_\_\_

I do not give NCOF permission to publish any photographs of my child

#### REFUND POLICY FOR ALL PROGRAMS

1. Refunds for children & adult programs will be granted (full amount minus \$10 non-refundable administration fee ) if notification is given to the Farm **1 month** prior to the first day the program starts  
**All summer program refunds will be given only if notification is given prior to May 15th. A \$25 processing fee will be charged for each registration change and cancellation .**
2. A full refund or credit will be granted if the Farm cancels a program due to low enrollment, teacher conflicts, etc.
3. No refund or credit will be given for not attending a program due to weather, illness, etc.
4. No partial refunds or credits will be given under any circumstances.

*Please inquire about our Scholarship Policy. Send a confidential e-mail to [rfritz.ncorganic@verizon.net](mailto:rfritz.ncorganic@verizon.net)*

#### ALL MEMBERS ENJOY

- \$35 Gardener (student)    \$50 Farmer (individual)
- \$100 Crofter (Family of 4)    \$150 Friend of the Land (Family 4+)
- \$500 Community Partner    \$1000 Lifetime Supporter
- Support for local agriculture and your working farm
- Special member rate son programs (\$50 & up)
- Priority summer registration (\$100 & up)
- Discounted admission to Maple Magic Day and Spring Spectacular
- Rental privileges for events in the Education Center
- 10% discount on purchases at Windy-Lo Garden Center & Russell's Nursery

#### FOR STAFF USE ONLY

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Amount Owed \_\_\_\_\_

Check Number \_\_\_\_\_ Tallied  ID # \_\_\_\_\_

Other Notes \_\_\_\_\_