

**Progressive Agriculture Safety Day™ Registration**  
**Monday, June 29, 2009 from 9:00 a.m. - 3:30 p.m.**  
**Registrations Due: June 22, 2009**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

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

Gender \_\_\_\_\_ Age \_\_\_\_\_

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

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

Phone number where you can be reached during safety day \_\_\_\_\_

Name of Additional Emergency Contact \_\_\_\_\_

Phone where emergency contact can be reached during safety day \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

My child is allergic to (include any food allergies as well): \_\_\_\_\_

My child may be given the following over-the-counter medications: \_\_\_\_\_

After safety day, the following people have permission to pick up my child:

The following people are **not** allowed to pick up my child at any time:

NOTE: If you are sending more than one child to safety day, please complete a separate form for each child.

**Don't forget to complete and sign the Release and Consent Form on the back.**

It is the policy of Maryland Cooperative Extension that no person shall be subjected to discrimination on the grounds of race, color, gender, religion, national origin, sexual orientation, age, marital or parental status, or disability.