

**Umpqua National Forest  
Forestry 4 Kids Summer Program 2012  
Cottage Grove Ranger District**

**Return Completed Form(s) to:**

**Cottage Grove Library**

**700 Gibbs Ave.**

**Cottage Grove, OR 97424**

For More Information Contact: Susan E. Johnson, at 541-767-5041, or email: [sejohnson@fs.fed.us](mailto:sejohnson@fs.fed.us)

**2012 Summer Events: Registration Form**

Please fill out a separate form for each child. Photocopies are acceptable.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

DATE	THEME	TIME
July 25	<input type="checkbox"/> Rujada Campground-Hike Swordfern Trail and games	8:00 am – 4:30 pm
August 15	<input type="checkbox"/> Hike Spirit Falls Trail, geology, stream ecology	8:00 am – 4:30 pm

**\*\*\*PLEASE REMEMBER TO SEND A WATER BOTTLE AND SACK LUNCH WITH YOUR CHILD\*\*\***

**RELEASE & EMERGENCY MEDICAL FORM**

I, the parent or guardian of \_\_\_\_\_ agrees to have my child participate in the Umpqua National Forest (UMP), Forestry 4 Kids Summer Program. I assume all risks to my child associated with the program held on the Cottage Grove Ranger District.

The program may include hiking and other outdoor activities. All natural areas contain animals, poisonous plants as well as other hazards. I agree to hold harmless UMP, their staff, any cosponsors or volunteers leading this activity, both personally and in their respective capacities, from and against all liability for accident or injury to my child or his/her belongings arising out of participation in this Summer Program. If my child should become sick or injured, and either of his parents cannot be contacted, a licensed physician has my permission to treat the sickness or injury.

\_\_\_\_\_  
**Parent or Guardian Signature      Phone Number(s) with Area Code      Date**  
 \*Please note any allergies, physical limitations or special condition your child has that program leaders should be made aware of:  
 I AUTHORIZE  I DO NOT AUTHORIZE my child to be photographed or videotaped during activities for promotional materials (press releases, brochures, newspaper articles) UMP may send out to local media, websites, and schools.  
 In case I cannot be reached, my child's Emergency Contact Person is (mandatory):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_



*The mission of the USDA Forest Service is to sustain the health, diversity, and productivity of the Nation's forests and grasslands to meet the needs of present and future generations. The Agency manages 193 million acres of public land, provides assistance to State and private landowners, and maintains the largest forestry research organization in the world. The USDA is an equal opportunity employer*