



# Garden Discovery Camps

## Bug Day

Spend the day seeing things from a bug's perspective! Discover how insects live and grow in the garden. Come meet the bugs living in the UT Gardens! Did you know that some bugs are friends to plants, while others are enemies? We will go on a bug hunt, read a bug story and build a bug condo for you to observe bugs at home. Get ready to "buggy" down in this fun program!

Space is limited, so call today. This event will take place rain or shine; we have indoor activities planned in case of inclement weather.

Preregistration is required. For more information, please contact Ben Ford at (865) 974-7151 or [benford2@hotmail.com](mailto:benford2@hotmail.com)

The cost is free, and for military kids only (ages 5 to 10).

Saturday, July 23, 10:30 a.m. to 2:30 p.m. This event will take place at the UT Gardens. For directions, please visit our website, <http://utgardens.tennessee.edu/visitor.html>



# Camper Information



Please return this form with your registration and payment to The UT Gardens.

**Child's name:**

**Program name:**

**Date:**

**Please understand that the following information is vital for our staff to know in order to make wise decisions regarding the well being of your child participant.**

Child's full name \_\_\_\_\_ Birth date: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or guardian \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

If we cannot reach you, whom can we notify? \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Family physician \_\_\_\_\_ Office number \_\_\_\_\_

Is this youth insured under a family health insurance policy? No \_\_\_ Yes \_\_\_ if yes, provide the following: Health insurance company \_\_\_\_\_

Policy holder's Name \_\_\_\_\_ Policy number \_\_\_\_\_

**Any known allergies or respiratory problems? (if yes, please explain)**

Asthma \_\_\_\_\_ Bee or insect stings \_\_\_\_\_

Foods (specify) \_\_\_\_\_ Poison Ivy, Oak, Sumac \_\_\_\_\_

Other \_\_\_\_\_

**Any physical limitations (please describe)** \_\_\_\_\_



## Agreement to Participate

*The UT Gardens' education programs may be physically challenging at times and will often take place outside where children are exposed to various insects and plants. While qualified staff will supervise students and normal safety precautions will be observed, we must have your written permission for your child to participate in these activities.*

*I understand that parts of The UT Gardens' education programs may be physically demanding.*

*I affirm that the youth named above is in good health, and that he/she is not under a physician's care for any condition that might endanger his/her safety or the safety of other participants.*

*I grant permission to the The UT Gardens' education program instructors or staff to secure medical aid and/or hospital services deemed necessary for the individual named on this form, in the event he/she should sustain an injury or illness while participating in a UT Gardens education program.*

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*Guardian's signature*

*Date*

## Photography Release

*I give The UT Gardens permission to photograph the above named child for use by The UT Gardens and its partners in education programs and events for promotional purposes. I understand and agree that these images may be duplicated, distributed with or without charge, and/or reformatted in any form and manner without payment of fees, in perpetuity.*

*Note: The child will not be identified by name in photographs.*

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*Guardian's signature*

*Date*