

Growing White Plains Registration Form

City of White Plains Youth Bureau & Recreation & Parks Department

For more information contact: Martin Rudow, 914-422-1378, x2116

Last Name		First Name:	
Address:		City:	Zip:
Home Tel:	Business Tel:	Cellular Tel:	
Email:			
Emergency Contact Name:	Emergency Day#:		
	Emergency Cell#:		
	Emergency Eve #:		
Please list participants	1.		
	2.		
	3.		
	4.		
	5.		
<p>Membership in Growing White Plains involves a commitment to participate in the care of the Growing White Plains community gardens. One garden is located on the property of New York Hospital, near the Bryant Ave. gate. Access to the garden will be through the main entrance to the Hospital, off Bloomingdale Road. The other garden is in partnership with Bethel Baptist Church and other houses of worship on Bethel Baptist Church's property at the corner of Sterling Ave. and Prospect St. Growing White Plains members will participate as they can and wish to in the work of the gardens. Members may be individuals, families or groups who wish to be a part of this City-wide effort to grow healthy, organically grown food for distribution to needy members of the White Plains community. Garden members will receive orientation and training at an initial training session. If you wish to participate in this project, please fill out and sign this registration form and return it to Martin Rudow at the White Plains Youth Bureau. We will contact you regarding the training session and to work out the schedule for your participation in the garden project.</p>			

Release of Liability: In consideration of your acceptance of myself or that of my child/minor (in my legal custody) for participation in the activities/programs/use of facilities of the City of White Plains, I agree that I am aware of the inherent dangers and risk involved in these activities/programs including bodily injury, which may result from strenuous activity or other causes related to the activities/programs. I agree for myself and/or for my child/minor to release and hold harmless the City of White Plains its officials, officers, agents, employees and volunteers from any against any and all liability, damage or claim of any nature arising out of or in any way related to my participation or that of my child/minor in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever that I or my child/minor may incur. I have read, understood and agree with the terms of this release.

Signature of Registrant or Parent/Guardian: _____

Date: ___ / ___ / ___