



MASON & OCEANA FARM/HOME SAFETY DAY REGISTRATION



Child's Name: _____ Age: _____

Address: _____

County of Residence: _____ Phone # _____

Parent's/Guardian's Name: _____

Parents/Guardian Address (f different than child's) _____

Parent/Guardian Phone # _____

I would like to be grouped with: _____

Adult's I know willing to attend: _____

All youth participating will receive a t-shirt. Please indicate the size below. Registrations must be received by June 10, 2025 to receive a t-shirt.

Adult size t-shirt: ___ Small ___ Medium ___ Large ___ X-Large



Any food allergies/diet restrictions: _____

Where did you hear about the Farm Safety Day? _____

Please return the following items: REGISTER BY JUNE 10TH TO RECEIVE YOUR T-SHIRT.

1. Registration Form
2. Medical Release Form

Mail option:

Oceana MSU Extension
844 S. Griswold St. Ste 400
Hart, MI 49420

Email option:

Jennifer Payne, wassonj3@msu.edu
Lori Cargill, cargil10@msu.edu
Kathy Walicki, Walicki@msu.edu

Fax option:

231-873-3710

231-873-2129 (for questions)



Registration will be open up until the day of the event, but those registered by to June 10th will be guaranteed a t-shirts.

MASON & OCEANA FARM/HOME SAFETY DAY
MEDICAL AUTHORIZATION/RELEASE FORM

My child _____, has permission to participate in the Mason & Oceana Farm Safety Day at the West Central Michigan Horticulture & Research Extension Center on Thursday, June 26, 2025 from 1 p.m.—5 p.m. My child is in good physical condition and has not had any serious illness or operating since his/her last medical examination. I will ensure that he/she will not attend in the event that he/she is not feeling well, or in anyway physically unwell, without first notifying the Oceana MSU Extension Office (231-873-2129) or the Mason MSU Extension Office (231-843-3361), or accompanying my child through the Farm Safety Day activities.

On Thursday, June 26th from 1 p.m.—5 p.m., I can be reached at the following phone number (s): _____ . If I cannot be reached, I request that (name of responsible adult): _____ be notified immediately at the following phone number: _____ . They are authorized to act on my behalf. In the event of an emergency, I understand that my child will be transported, if deemed necessary by Emergency Medical Staff to the near hospital.

My child's physician is :

My child is allergic to:

My child is currently on the following medications:

Additional information that will be helpful to the Farm Safety Day organizers, presenters and Volunteers:

I authorize that all the information provided above is true and accurate, to the best of my ability:

Parent's/Guardian's Signature: _____

Date: _____

PLEASE COMPLETE 1 FORM FOR EACH CHILD ATTENDING.