



**Hilltop Garden and Nature Center**  
 2367 E. 10th St., Bloomington IN 47408



# 2008 Youth Garden Program

June 2 to August 8, 2008

plus three FREE Saturdays – April 5, May 3, Sept. 6 – 9 a.m. to noon  
 Ages 6 to 14

**Young gardeners tend their own vegetable plots, go on field trips, and learn from guest speakers. They participate in hands-on science experiments, art projects, games, and much, much more!**

**Choose the time that best fits your schedule**

Monday, Wednesday, Friday Morning	\$330/summer
Tuesday, Thursday Morning	\$240/summer
Monday through Friday Morning	\$550/summer
Monday, Wednesday, Friday All Day*	\$630/summer
Monday, Wednesday, Friday All Day* and Tuesday, Thursday Morning	\$790/summer

Morning classes meet 9 am to Noon | All day classes meet 9 am to 4 pm  
 \*Hilltoppers must bring lunch for all day programs  
 Drop-off and pick-up outside normal hours available for additional fee

IU payroll deduction available  
 \$20 discount for second child in same household

**REGISTER TODAY!**  
**Call 855.2799 or go to [www.indiana.edu/~hilltop](http://www.indiana.edu/~hilltop)**







# Hilltop Garden and Nature Center

## Participant Information Sheet

In order for us to ensure that everyone has the best possible experience at Hilltop, it is important that you provide us with complete and accurate information.

Participant's Physical Age \_\_\_\_\_ Participant's Cognitive Age \_\_\_\_\_

Please circle all that apply

Diabetes	Hearing impairment	Autism	Muscular dystrophy
Visual impairment	Nonverbal communication	Spina bifida	Dyslexia
Hyperactivity	Asthma	Cancer	Cerebral palsy
Has tendency to faint	Learning disability	Epilepsy	Heart condition
Behavior disorder	Mild mental retardation	Moderate mental retardation	

Equipment

Walker	Hearing aid	Crutches	Ileostomy equipment
Crutches	Eyeglasses	Braces	Feeding equipment
Wheelchair	Prostheses	Has specific eating utensils	
Special clothing	Respiratory equipment		

Mobility

Participant walks	Unaided	With braces/crutches	Short distances only
Needs assistance with steps/slopes		Needs frequent breaks	

Communication

Speaks clearly	Uses sign language	Uses communication device	
Can write	Not at all Name	Simple words	Simple sentences Complex sentences
Can read	Not at all Name	Simple words	Simple sentences At ___ grade level

English language      Fluent      Not fluent      Primary language at home: \_\_\_\_\_

Behavior, habits, interests

Is the participant on a specific behavior management plan? (if yes, explain)

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Does the participant have any emotional problems? (if yes, please explain)

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Does the participant have a tendency to wander away from a group? (If yes, explain)

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Please explain the best method of discipline/management techniques, if necessary.

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Other comments (for example, religious concerns, medications, recent death in family):

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# Hilltop Garden and Nature Center

## Assumption of Risk and Release of Liability

The Trustees of Indiana University, through its Hilltop Garden and Nature Center located on the Bloomington campus of Indiana University (hereinafter “University”), manages and conducts numerous environmental programs and activities (hereafter “Environmental Activities”).

I, \_\_\_\_\_, wish to voluntarily participate in the Environmental Activities at the Hilltop Garden and Nature Center and I hereby state that:

1. I understand that the environmental activities include, but are not limited to, outdoor tasks such as gardening and nature education lessons consisting of planting and harvesting of crops, using hand tools, pruning, weeding and mulching.
2. I understand that there are certain risks inherent in the kinds of activities contemplated herein, including but not limited to, cuts, bruises, strains, sprains, allergic reactions, infection, eye injuries, broken bones, insect stings, exposure to the elements, and other mental and physical injury.
3. I understand the above risks and the scope of the Environmental Activities, and I agree to assume all the risks of my participation, including the risk of catastrophic injury or death. In the event of an injury to myself or my child, if I cannot be contacted, I give my permission to the attending qualified staff to render first aid as necessary and to the attending physician to render such treatment as would be normal, and I agree to pay the usual charges for such treatment.
4. I release and fully discharge The Trustees of Indiana University, its officers, employees and agents from any and all liability in connection with my participation in the Environmental Activities at the Hilltop Garden and Nature Center for or on account of any injury to or illness of my person or death, or for or on account of any loss or damage to any personal property or personal effects owned by me. I understand that this release applies to any present or future injuries and that it binds my heirs, executors, and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature if Participant under 18 years of age)

Date: \_\_\_\_\_



# Hilltop Garden and Nature Center Photographic Release

The Trustees of Indiana University, through its Hilltop Garden and Nature Center Programs (hereinafter "University"), manages and conducts programs including, but not limited to, gardening and nature education lessons consisting of planting and harvesting of crops, using hand tools, pruning, weeding, and mulching. University staff, interns, and school personnel supervise these activities.

I hereby grant the University permission to take photographs, video recordings, and/or sound recordings of \_\_\_\_\_ . I grant the University permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the World Wide Web, or in any other manner deemed necessary.

I declare that I have read and understand the contents of this Photographic Release, and I am signing this as my free and voluntary act, irrevocably binding my heirs and myself.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent or Guardian Signature if Participant is under 18 years of age)



## Hilltop Garden and Nature Center Field Trip Permission Slip

Please fill out one form for each child enrolled in the program.

I give permission for \_\_\_\_\_ (print child's name) to attend all field trips and activities related to the Summer Youth Garden Program through Hilltop Garden and Nature Center.

In case of emergency, I can be reached at the following phone number(s):

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date

## Hilltop Garden and Nature Center Child Release Information

Fill in below the name of anyone else (other than parents/guardians) who is allowed to pick up your child from Hilltop. We will release your child ONLY to persons on this list. Anyone other than the parents/guardians listed will need to show identification when picking up your Hilltopper.

Name of Person

Relationship to Child

\_\_\_\_\_  
\_\_\_\_\_



## Hilltop Garden and Nature Center Registration Application Return Instructions

Please have your completed registration application, along with a check for the amount due payable to Indiana University, no later than May 30, 2008, in order to be registered for the first program. **Payroll deduction is an option for Indiana University employees.** Scholarships are available; please call for scholarship information and application or with any questions at 855-2799.

- Δ Hand Delivery  
Bring in the registration application with payment to Hilltop staff during business hours, 9 am to 5 pm, Monday through Friday.
- Δ Campus Mail  
Send the registration application with payment via campus mail to Hilltop addressed to HPER, Room 133.
- Δ Snail Mail  
Send the registration application with payment through regular mail to Hilltop Garden and Nature Center, 2367 E. 10<sup>th</sup> St., Bloomington, IN 47408.

### Indiana University Employees Only

- Please campus mail me an Indiana University payroll deduction form:

Name: \_\_\_\_\_

Dept.: \_\_\_\_\_

Bldg: \_\_\_\_\_ Rm: \_\_\_\_\_

#### **FOR OFFICE USE ONLY**

Method of Payment: Cash Check Payroll Deduction

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date of Payment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Received By: \_\_\_\_\_

Credit Card  Visa  Master Card  Other \_\_\_\_\_

Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

Scholarship Amount: \_\_\_\_\_ Scholarship Sponsor: \_\_\_\_\_