

**COMMON GOOD CITY FARM LEAF 2022**  
**YOUTH REGISTRATION and EMERGENCY INFORMATION**  
*(This information is completely confidential.)*

Please return to staff at Common Good City Farm or email to [emily@commongoodcityfarm.org](mailto:emily@commongoodcityfarm.org)

**LEAF Class Schedule**

**Class will be held on the farm (300 V St NW) on Thursdays and Sundays from 4:30-5:45 pm.**

**We invite your child to attend every session, or drop in as your schedule allows. Children must have a completed waiver in order to participate.**

Name of Child	Date of Birth	Age
2021/2022 Name of School	2021/2022 Grade	

Since the program is mainly outside, everyone working in the garden will be exposed to pollen, insects, and heat. As a result, there is a potential threat of bee stings, bug bites, poison ivy, allergic reactions, etc. For your child's own safety, the information below concerning your child would be highly beneficial in case of an emergency. We may also need to contact you in the event of a scheduling change or if we need to check in with you regarding your child's gardening experience.

***Please print clearly.***

**Parent Information:**

**Parents/Guardian Name(s):** \_\_\_\_\_

Address where child resides: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

**Who should be contacted if we cannot reach you in case of emergency?**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Please list any allergies your child has (medical, food and/or environmental)?**

\_\_\_\_\_

**Is there any other information regarding my child's medical history that the staff and volunteers of the Common Good City Farm staff should know?**

\_\_\_\_\_

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**Please list any special needs or medical conditions that you are aware your child has:**

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**FERPA Release-** *Family Educational Rights and Privacy Act (FERPA)*

**Common Good City Farm and the Learn 24 Office:**

To provide this program for free, Common Good City Farm has partnered with and is funded by the DC Office of Learn 24: Office of Out of School Time Grants and Youth Outcomes (OST Office), a D.C. Government agency. As a grantee we are required to share participant information with the OST Office.

I (parent/guardian name) \_\_\_\_\_ hereby authorize and consent Common Good City Farm to provide information concerning the education of my child, \_\_\_\_\_ (name of child) to the OST office. This authorization and release shall remain in effect from October 1, 2021– September 30, 2022.

By signing below, 1) I acknowledge and understand that I have the opportunity to review the records to be disclosed and the right to challenge the contents of such records; and 2) I am at least 18 years of age or I am signing this document on behalf of my child because he/she is not 18 years of age.

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Signature of Parent or Guardian

Date

**Photography and Video Release**

Throughout the year Common Good City Farm takes pictures to illustrate the many children who have benefited from the program. I give CGCF permission for any responsible use of photographs and video taken at CGCF sponsored events in which I appear, or in which my family member and/or child appears. I understand that the photographs and video may be used in displays, publications, or sent to the press for publication in a newspaper or use on television.

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Initials of Parent or Guardian

Date

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**WAIVER AND RELEASE OF LIABILITY**

I, \_\_\_\_\_ (print name), have reviewed, understand, and agree for myself and my child \_\_\_\_\_ (print name) to abide by Common Good City Farm's (CGCF) policies relative to the use of CGCF and the conditions set forth below. I agree to abide by all CGCF's rules and understand that use of CGCF may be denied if policies or rules are not followed.

I understand that being on the farm– including the use of tools, equipment, insect control products and fertilizers – or participation in any of CGCF's activities or programs is a potentially hazardous activity and involves a risk of personal injury, death, property loss, or other damages. **I agree expressly to assume and accept all risks and liabilities associated with participation in any of CGCF's activities or programs**, including risks caused by terrain, facilities, soil conditions, temperature, physical exertion, insect/rodent exposure, chemical exposure and the actions of other people. CGCF is not responsible for any personal property left at the farm or damaged in the course of our visit.

I understand that my use of CGCF is voluntary and that I do so at my own risk. In consideration of the personal benefits I receive from working in the CGCF, **I agree on behalf of myself and my guests, heirs, executors, administrators, and assigns fully and forever to waive my right to sue CGCF and each of its affiliates – including, but not limited to its owners, officers, directors, employees, agents, representatives and all others. Moreover, I release and discharge CGCF from any and all claims or demands of any kind**, including any and all responsibilities or liability for injuries (including death), penalties, costs, judgments, damages or loss, and all claims or causes of action resulting from the negligent acts or omissions of any of the above mentioned that result from my use of CGCF or in any activities connected with CGCF.

I agree that myself and my child will follow the Covid-19 Policy of Common Good City Farm While preventative safety measures such as our policy reduce risk, Common Good City Farm cannot guarantee that participants will not become infected with Covid-19 and I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19.

*BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND THAT I FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.*

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Covid 19 Attendance Policy:**

I agree to the LEAF Covid Attendance policy which states that my child(ren) will only attend LEAF class if they have no symptoms, no one in our household is sick or quarantining and they meet all guidelines for attending school.

I agree that myself and my child will follow the general farm Covid Policy as it applies to LEAF class, including wearing masks except for when eating or drinking.

\_\_\_\_\_  
Signature of Parent or Guardian Date

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**The following information is requested to assist us with grant reporting and will be kept confidential.**

What best describes the ethnicity of your child? (circle/ check all that apply)

- Hispanic or Latino
- Non Hispanic or Latino
- Write in \_\_\_\_\_

What best describes the race of your child? (circle/ check all that apply)

- Native American or Indigenous
- Asian American
- Black or African American
- Native Hawaiian or other Pacific Islander
- Arab American/ Middle Eastern/ North African
- White
- Write In: \_\_\_\_\_

What best describes your child's gender?

- Man/boy
- Woman/girl
- Genderqueer/ gender non binary
- Transgender
- Write In: \_\_\_\_\_

Disability Status of your child?

- Has a disability
- Does not have a disability

What percentage of FPL do you fall into based on you household size? Please refer to the Federal Poverty Line chart below.  
 Find your household size in Column A and then the dollar amount that falls closest to your annual income to determine the %.

- Under 50%
- Under 100%
- 101-132%
- 133-137%
- 138-149%
- 150-199%
- 200-249%
- 250-299%
- 300-399%
- Over 400%

Federal Poverty Line (FPL) Chart									
Household Size		100%	133%	138%	150%	200%	250%	300%	400%
1	\$12,760	\$16,971	\$17,609	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040	
2	\$17,240	\$22,929	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960	
3	\$21,720	\$28,888	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880	
4	\$26,200	\$34,846	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800	
5	\$30,680	\$40,804	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720	
6	\$35,160	\$46,763	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640	
7	\$39,640	\$52,721	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560	
8	\$44,120	\$58,680	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480	