



Registration and Parental Permission and Release of Liability Form For Youth Invasive Plant Removal Project

Please print legibly!

Child's Name:	
Age/Grade: (Must be 6 th grade or over).	Scout: ___ Yes or ___ No
Home Address:	
Parent's Name(s):	
Emergency Contact Number(s)	
Allergies:	
Preference: Choose one	___ Stipend or ___ Scout merit badge
Option:	___ Letter for a scholarship folder.

Student's Signature: _____

- **Purpose of Participation:** You (or your) child will be learning different types of invasive plant species and appropriate weeding techniques to remove them and how to dispose of them safely. The project's long-term goal is to build awareness and social responsibility as well as environmental stewardship beyond the scope of this project.
- **Activities:** Your child may be involved in using sharp tools, digging, pulling, weeding, and carrying bags for disposal. You and/or your child will be responsible to keep track of hours.
- **Schedule/Frequency:** Training will be provided by GERGC. The first 15 to register will be provided a stipend (possibly more youth depending on funding). The first meeting will be approximately 2 hours at the Eagle River Nature Center on May 17th from 5-6pm and the second hands-on training will be about 1 hour at the Eagle River Lions Park on June 7th from 1-2pm. Youth are then expected to identify and pull bird vetch through June 24th. A time sheet will need to be submitted with the Parent's signature to verify the time the youth has worked. They will be paid for up to 10 hours. The time is flexible depending on you and/or your child's schedule and may be done at the Eagle River Lion's Park or any other public location in the Chugiak/Eagle River area such as parks, schools, or roadways. Removal of invasive species may continue after the end of the project at your own discretion but no further reporting will be required to GERGC.
- **Potential Hazards/Risks:** There are some risks associated with using sharp tools, encountering insects or wildlife, working on uneven terrain, or working near roads. Your child will be taught how to minimize risk by using the appropriate techniques and wearing gloves to conduct the activities.

- **Emergency Procedures/Medical Information:** If your child has known medical conditions, allergies to bees or some plants, this work may not be advisable for them. Please provide any additional details here if they have a condition that may need medical attention: _____
_____.
- **Release of Liability:** GERGC will not be held liable for injuries or damages that may occur during participation. *No one under 6th grade is eligible to participate.*
- **Clothing/Footwear Guidelines:** Children should dress appropriate for the weather with closed toed shoes and gardening gloves.

• **Parental Consent and Signature:** I grant permission for my child _____ to participate.

Parent's Signature: _____

Parent's Printed Name: _____ **Date:** _____

_____ **Date:** _____

Questions? Contact:

Elaine Major, GERGC President, Elaine.majorma@gmail.com or akeaglerivergc@gmail.com

Eagle River Nature Center at www.ernc.org

Scout Troop 230, Joenna Holmes at JoennaHolmes@gmail.com or 907-227-8775

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