

**2019 RURAL LIFE APPRENTICE PROGRAM**

**DATES:** Monday, June 3 – Friday, June 7, 2019

**TIME:** 8:00 am – 12:30 pm

**PLACE:** LSU Rural Life Museum  
4560 Essen Lane (Essen Lane at I-10)

**AGES:** Entering 4<sup>th</sup> grade through 8<sup>th</sup> grade (2019 – 2020 school year)

**COST:** \$100.00 per child

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**STUDENT INFORMATION:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Grade (2018-2019):** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**PARENTAL INFORMATION:**

**Mother's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email for registration confirmation and notices:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State & Zip:** \_\_\_\_\_

**EMERGENCY INFORMATION:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**PARENTAL CONSENT:**

I understand that my child, \_\_\_\_\_, will be participating in activities that entail working with heat and hand tools during the Rural Life Apprentice Program June 3 – June 7, 2019 and do hereby give permission for my child to do so.

**MEDICAL CONSENT:**

If an emergency arises, the Rural Life Apprentice Program will first try to contact the child's parents/guardian. If neither can be reached, I give permission to:

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

to be wholly responsible in the event of an emergency. I give the LSU Rural Life Museum unlimited power of authority to seek emergency care at the medical or hospital he/she chooses, with liability for any expense incurred being my responsibility.

**ALLERGIES TO FOOD/MEDICATIONS:**

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

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**Parent or Guardian Signature**

**Date**

Please Return To: Rural Life Apprentice Program  
LSU Rural Life Museum  
P.O. Box 80498  
Baton Rouge, LA 70898