

EMPLOYEE INFORMATION FORM

Greenagers, Inc.
342 North Plain Rd., Suite 1, Housatonic, MA 01236
www.greenagers.org

Hire Date:

Farm/Crew/School Program:

Participant Name (first, last):

Residential Address (street, city, state, zip):

Mailing Address (PO Box, city, state, zip – if same as above, skip):



Email Address: _____ Telephone: _____

Date of Birth: _____

Parent/Guardian Name:

Parent/Guardian Mailing Address:

Parent/Guardian Email Address:

FOR STUDENTS ONLY:

School:

Are you eligible for free or reduced lunch (circle one)? Yes No

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____				
B	Enter "1" if you will file as married filing jointly	B _____				
C	Enter "1" if you will file as head of household	C _____				
D	Enter "1" if: <table border="0"> <tr> <td>• You're single, or married filing separately, and have only one job; or</td> <td rowspan="3">}</td> </tr> <tr> <td>• You're married filing jointly, have only one job, and your spouse doesn't work; or</td> </tr> <tr> <td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td> </tr> </table>	• You're single, or married filing separately, and have only one job; or	}	• You're married filing jointly, have only one job, and your spouse doesn't work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	D _____
• You're single, or married filing separately, and have only one job; or	}					
• You're married filing jointly, have only one job, and your spouse doesn't work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 					
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 					
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G _____				
H	Add lines A through G and enter the total here	H _____				

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	1 \$ _____				
2	Enter: <table border="0"> <tr> <td>\$24,000 if you're married filing jointly or qualifying widow(er)</td> <td rowspan="3">}</td> </tr> <tr> <td>\$18,000 if you're head of household</td> </tr> <tr> <td>\$12,000 if you're single or married filing separately</td> </tr> </table>	\$24,000 if you're married filing jointly or qualifying widow(er)	}	\$18,000 if you're head of household	\$12,000 if you're single or married filing separately	2 \$ _____
\$24,000 if you're married filing jointly or qualifying widow(er)	}					
\$18,000 if you're head of household						
\$12,000 if you're single or married filing separately						
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____				
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____				
5	Add lines 3 and 4 and enter the total	5 \$ _____				
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6 \$ _____				
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____				
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____				
9	Enter the number from the Personal Allowances Worksheet , line H above	9 _____				
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____				



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Greenagers, Inc.
342 North Plain Rd.
Housatonic, MA 01236
413-644-9090 / office@greenagers.org

Emergency Contact and Medical Information

Participant's Name		Date of Birth		M	F
				Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	
Dietary Needs/Restrictions	
Parent's/Guardian's Signature	Date



Be Advised: By signing this document you will waive certain legal rights, including the right to sue.

**SECTION 1
RELEASE OF ALL CLAIMS
AND INDEMNIFICATION AGREEMENT**

Agreement

In consideration of the services of Greenagers, its agents, officers, volunteers, participants, employers, overseers, trustees, and shareholders and all other persons or entities acting in any capacity on Greenagers' behalf, including but not limited to the organizations, and/or sites that Greenagers serves, and any of their respective heirs, legal representatives, successors or assigns (hereinafter collectively referred to as "Greenagers"), I hereby agree to release, discharge, and indemnify Greenagers on behalf of myself, my children/wards, my heirs, assigns, personal representatives and estate as follows:

ACKNOWLEDGMENT OF RISKS

I have read the Greenagers brochure and all other information provided by Greenagers regarding the nature of its organization and nature of the programs it offers. I understand that Greenagers is a non-profit corporation, that its volunteers perform community service under adult leadership for or in conjunction with other non-profit organizations, and that its volunteers may also engage in various activities including but not limited to hiking, canoeing, biking, and swimming. I further understand that the services performed involve manual labor, involving physical activity which may be rigorous which includes the use of tools and equipment, that the activities may involve transportation for work or recreational activity purposes.

Understanding the foregoing, I recognize that there may be certain inherent risks, dangers, and hazards involved in serving as a volunteer with Greenagers. These risks may include, but are not limited to, the hazards of transportation, , the forces of nature, manual labor, accidents (including accidents that occur during transportation to, from, and within a Greenagers site),. I also understand that there are certain risks associated with outdoor labor and activities including but not limited to collision, contracting poison ivy or illness, getting wet, injured, exposed to the elements, and/or drowned;; may encounter domestic and wild animals and fish and birds. I realize that personal property may be lost or damaged; that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers and hazards and recommended precautions and procedures.

ASSUMPTION OR RISK AND RESPONSIBILITY

In recognition of the inherent risks of the activities that I or my child/ward will engage in, I confirm that I am or my child/ward is physically and mentally capable of participating in all Greenagers work and activities. I freely accept and assume all such risks, dangers, and hazards, and the possibility of personal and physical injury, accidents, death or property damage or any loss as result therefrom.

RELEASE OF LIABILITY AND INDEMNIFICATION

In consideration of services or property provided by Greenagers and my right or the right of my child/ward to participate as a volunteer for Greenagers and recognizing the benefits derived from such participation, I, for myself and/or child for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby **ASSUME ALL SUCH RISKS** and do hereby **RELEASE AND HOLD HARMLESS** Greenagers and each and every landowner, municipal and/or government agency, and conservation trust upon whose property an activity is conducted, from any and all claims for damages to person or property, arising out of any injury, death, or loss of any kind which might arise as a result of my participation or the participation of my child/ward as a volunteer. I further agree not to commence any legal action in any court or before any administrative agency as a result of any such damage or loss.

I have carefully evaluated my or my child/ward's physical, intellectual and emotional capabilities and my willingness to permit myself or my child/ward to participate as a volunteer is based upon my judgment that [I] [he/she] is fully capable of meeting and dealing with all the physical and mental challenges entailed in such participation. I understand that Greenagers reserves the right in its absolute and sole discretion to send me or my child/ward home if, in its judgment, my or my child/ward's behavior or physical, intellectual and emotional capabilities run counter to the interests of Greenagers or its constituents.

I agree that I shall at all times (a) **INDEMNIFY AND SAVE HARMLESS** Greenagers on account of, from and against any and all claims, actions, losses, costs, expenses, injuries and damages arising from, arising out of, connected to, caused or based in whole or in part, upon any acts or omissions by me or my child/ward, including but not limited to injuries caused by my or my child/ward's negligence or willful and intentional acts while participating as a volunteer, and (b) pay for, without expense to Greenagers, the defense of any such claims or actions. If Greenagers shall elect to assume the defense of such claim or action, I shall be responsible for Greenagers' reasonable legal fees incurred in connection with such defense. The allocations of liability represent the agreed understanding of the parties.

I have read this agreement carefully and fully understand all of its contents and legal effect, and I have signed it voluntarily and of my own free will. I further intend that this Agreement be deemed contractual in nature and that it be binding upon my heirs, legal representatives, and assigns. I intend that it be considered a sealed instrument and construed as liberally as possible under the laws of Massachusetts, and that if any portion is held to be invalid, the balance of this Agreement shall continue, notwithstanding, to be given full force and effect.

SECTION II PUBLICATION RELEASE

In consideration of my child's or ward's involvement with Greenagers, I hereby give Greenagers, its agents and employees, successors and assigns the right to include my child/ward and/or me in any moving picture film, video recording, still photograph, and/or audio recording which it may create, or have created, of me and/or my child/ward's participation in any program or activity connected with her/her activities as volunteer for Greenagers.

I further consent to any use, re-use, publication, or re-publication, in whole or in part, individually or in conjunction with any other moving picture film, video/digital recording, still photograph or audio recording, of any such visual or audio records or representations in any medium, including publication and dissemination over the Internet and World Wide Web, including, but not limited to, illustration, promotion or advertising.

I agree that Greenagers, its successors and assigns shall have the right to copyright any such moving picture, video/digital recording, still photograph, or audio recording, and to assign such copyright at its sole discretion.

I further agree that the foregoing release shall include the right of Greenagers to use on its website or in its promotional and advertising publications in any medium my child's name or any written statement made by me and/or my child/ward concerning his or her experience with Greenagers.

I hereby release and discharge Greenagers, its agents and employees, successors and assigns from any all claims for libel which my child/ward and/or I might have as the result of the creation or use of any moving picture, film video recording, still photograph or audio recording.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I RELEASE GREENAGERS FROM ANY LIABILITY OR RESPONSIBILITY AND HAVE WAIVED MY RIGHTS TO MAINTAIN A LAWSUIT AGAINST GREENAGERS ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED GREENAGERS HEREIN. AS A CONDITION OF MY OR MY CHILD/WARD'S PARTICIPATION IN THE GREENAGERS PROGRAM, I AGREE THIS AGREEMENT AND ALL DISPUTES BETWEEN THE PARTIES SHALL BE GOVERNED BY, SUBJECT TO, AND CONSTRUED ACCORDING TO

THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS. THE PARTIES AGREE THAT THE MASSACHUSETTS COURTS SHALL HAVE EXCLUSIVE JURISDICTION TO RESOLVE ANY DISPUTES BETWEEN THE PARTIES OR ARISING OUT OF THIS AGREEMENT.

RELEASE OF ALL CLAIMS SECTION I AND SECTION II

DATE: _____

NAME OF GREENAGERS PARTICIPANT: _____

ADDRESS: _____

PARTICIPANT'S SIGNATURE: _____
(if over 18 years of age)

If the Participant is under the age of 18, at the date of signing, the Release MUST BE SIGNED by at least one parent or guardian.

I, parent or guardian of the above named participant, hereby give my permission for my child or ward to participate as a volunteer for Greenagers and also agree, individually and on behalf of my child or ward, to be bound by all the terms of this Agreement.

DATED: _____

☐

I have sole legal custody of this participant.

Signature of Parent/Guardian

Address: _____

DATED: _____

Signature of Parent/Guardian

Address: _____

PLEASE SIGN AND RETURN THIS FORM TO: Greenagers, 342 North Plain Rd., STE 1, Housatonic, MA 01236

Telephone: 413-644-9090

Email: office@greenagers.org

Web: www.greenagers.org