

SUNY College of Environmental Science and Forestry

Take Our Kids to Work Day 2026

Youth Participant Registration Form

Thursday, April 23, 2026 | 8:00 AM – 3:00 PM | ESF Main Campus, Syracuse | Ages 8–11

Program Coordinator: Heather Engelman, 220 Baker Lab (Mail: 320 Bray Hall)

Children will participate in hands-on, interactive sessions in classrooms, working laboratories, and outdoors across campus. Activities are led by ESF faculty, staff and supervised students; children are escorted between activities by ESF community members. Children should wear comfortable clothes and sneakers and bring a jacket.

Session leaders will provide safety instructions for each activity. Please remind your child to listen to and follow these instructions, to treat leaders, chaperones, and fellow participants with respect, and to correctly wear any required safety equipment. If your child has any special needs or allergies (particularly to latex or food), please note them in Section 6-7 below.

Children may accompany their ESF escort to their workspace before 8am or after 3:00 PM with prior approval of supervisor or instructor. Schools may not recognize this as an excused absence; we encourage you to discuss with your child's school. A form to facilitate this conversation is available at <https://www.esf.edu/womenscaucus/kids.php>

Child Protection Disclosure: This program operates under the SUNY Child Protection Policy and the SUNY Policy on Mandatory Reporting and Prevention of Child Sexual Abuse. All program staff and volunteers have completed required background checks and training. Questions: Office of Research Programs, (315) 470-6606 or Research@esf.edu.

A completed form is required for participation. Please return a physically signed document for each child to the program coordinator by April 13, 2026.

1. Participant Information

Child's Full Name	
Name for Nametag (if different)	
Date of Birth	
Age	
Grade	
School	

2. ESF Escort

The employee or student bringing the child to campus and serving as primary on-site contact.

Name	
Relationship to Child	
Department	
ESF Email	
Cell Phone	

3. Parent / Legal Guardian

If the escort is the parent/guardian, write "Same as Section 2" and provide any additional phone number(s) or alternate email address(es). If the escort is not the parent or legal guardian, the parent/guardian must sign Sections 8, 9, and 10.

Parent/Guardian Name	
Relationship to Child	
Cell Phone	
Email	

4. Emergency Contact (other than escort or parent/guardian)

Name	
Relationship to Child	
Phone	

5. Authorized Pickup

Person(s) other than escort or parent/guardian authorized to pick up your child. Photo ID required. Children will not be released to unauthorized individuals.

Name	Relationship	Phone

6. Health and Medical Information

Insurance Company	Policy / ID Number
Policy Holder Name	Insurance Company Phone

Medical conditions or physical limitations that may affect participation? If yes, describe:

Allergies (food, latex, environmental, medication)? If yes, list allergens and typical reactions:

Currently taking any medications? If yes, list medications, dosages, and side effects:

7. Dietary Information

Lunch provided (11:50-12:15). Your ESF escort may join your child.

Dietary restrictions, food allergies, or food-related medical conditions? If yes, describe:

8. Parental Consent and Medical Authorization

I hereby give my child permission to participate in Take Our Kids to Work Day 2026 and all related activities. I am fully aware of the risks and potential hazards connected with participation, including activities in laboratories, workshops, and outdoor settings, and elect to allow my child to participate voluntarily. I attest that my child is in good physical and mental health for the purpose of participating in this program.

In the event of injury, illness, or accident, I give permission for my child to be treated by a qualified athletic trainer, nurse, licensed EMT, and/or emergency personnel at the scene and/or at the local hospital. I understand that SUNY ESF does not provide accident or medical insurance for participants, and I am financially responsible for any medical expenses associated with my child's participation.

Signature:		Date:	
Printed Name:			

9. Photo and Media Release

Please check one:

- I DO grant permission for SUNY ESF to use photographs or video of my child taken during the program for educational, promotional, and web content purposes. In accordance with Section 50 of the Civil Rights Law, I grant SUNY ESF the unrestricted right to use such photos and my child's first name in promotional material. No compensation will be provided for such use.
- I DO NOT grant permission for photographs or video of my child to be used by SUNY ESF.

Signature:		Date:	
Printed Name:			

10. Consent, Release, and Waiver of Liability

In consideration for my child's participation in Take Our Kids to Work Day 2026 hosted by SUNY ESF, I hereby expressly recognize and assume all risks associated with participation and voluntarily release, waive, discharge, hold harmless, and covenant not to sue the State of New York, the State University of New York, the State University of New York College of Environmental Science and Forestry, the Research Foundation for SUNY, and their respective officers, employees, agents, students, representatives, and volunteers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child, or to any property belonging to me, whether caused by the negligence of the released parties or otherwise, while participating in or traveling to or from the program.

I agree to indemnify and hold harmless the released parties from any loss, liability, damage, or costs, including court costs and attorneys' fees, that may be incurred due to my child's participation in the program.

In signing this form, I acknowledge and represent that I have read and understood the foregoing, sign it voluntarily, and am the parent or legal guardian of the child participant.

Signature:		Date:	
Printed Name:			

Questions about this form: contact the program coordinator. Questions about Child Protection Policy compliance: Office of Research Programs, (315) 470-6606 or Research@esf.edu.