



MARTHA'S VINEYARD AGRICULTURAL SOCIETY

INCORPORATED 1859

35 PANHANDLE ROAD
POST OFFICE BOX 73 - WEST TISBURY
MARTHA'S VINEYARD - MASSACHUSETTS 02575

PLEASE PRINT CLEARLY!

Child's Name _____ SS# _____

Child's Age _____ Parent/Guardian's Name: _____

(Rate of pay based upon year's of service- Year 1= \$5.00, Year 2= \$5.25, Year 3=\$.575, 4+ = \$6.75)

I, _____, hereby give my child permission to work at the rate of
Year 1- \$5.00 Year 2- \$5.25 Year 3- \$5.75 Year 4+-\$6.75 per hour at the M.V. Ag Society Fair.

All contract employees recognize that they are responsible for all applicable taxes for monies received.

Child/Employee Parent/Guardian Date

MEDICAL RELEASE

I hereby give the Martha's Vineyard Agricultural Society authority to seek medical attention for my child,
_____ (print clearly), in the event it is warranted. This information may be shared

with medical personnel. List any allergies, medication, or medical conditions:

(Print) _____ Phone _____
Parent/Guardian

(Sign) _____ Date _____

Emergency Contact _____

Emergency Contact Phone _____

