



Youth Garden Project Summer Camp 2010 Registration Form

Register today; all camp sessions are first come, first serve!

Camper Name _____ M/F _____

Date of birth _____ Camper's Age (as of 6/15/09) _____ Campers Grade Fall 2010 _____

Parent/Caretaker Full Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (C) _____

Email (please print clearly!) _____

Please check one:

- Please mail my enrollment confirmation by email.
 Please mail my enrollment confirmation by postal service.

Emergency Contact _____ Tel _____ Relationship to Child _____

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Camp Selection:

*Please check the sessions for which your camper would like to attend. YGP Summer Camp tuition is \$100 per child per session. Tuition assistance is available, thanks to a grant from the Grand Country Special Service Recreation District. If sending your child to this camp will create a financial hardship for your family, you are encouraged to fill out the tuition assistance application. Siblings receive 10% off per session. A \$25 deposit per camper per session is due with registration, even if you are applying for tuition assistance. The deposit is refundable if you cancel 30 days prior to the camp start date. **The balance is due two weeks prior to each session. Payment must be received two weeks prior to the start of camp or the student will be un-enrolled, and your deposit will not be returned.** If you plan to apply for tuition assistance, please rank your camper's selections in numbered order of preference. We will be in touch with you regarding available assistance by May 12th (applications due by May 4th).*

- _____ Week 1- Wilderness Skills Week: May 24th-28th
- _____ Week 2- Hogwarts Garden Academy: June 7th- June 11th
- _____ Week 3- Musical Masters: June 14th-June 18th
- _____ Week 4- Mad Scientists and Crazy Mathematicians: June 21st-June 25th
- _____ Week 5- Adventurous Artists: June 28th-July 2nd
- _____ Week 6- Water Week: July 12th-July 16th
- _____ Week 7- Master Chefs: July 19th-July 23rd
- _____ Week 8- WabiSabi Fashion and Costume Design: July 26th-July 30th
- _____ Week 9- YGP on Broadway: August 2nd- August 6th
- _____ Week 10- Super Hero Week: August 9th- August 13th
- _____ Week 11- Desert Safari: August 16th- August 20th
- _____ Week 12- Earth Week: August 23rd- August 27th

Total Number of weeks _____ X \$25 per week deposit= Total Deposit Due \$ _____

Remaining amount due: _____

Questions? Call 259-BEAN (2326) or visit our website www.youthgardenproject.org

Please return this form and your deposit to the Youth Garden Project, 530 S. 400 E. Moab, Utah 84532.

This form can also be emailed to programs@youthgardenproject.org.

The Youth Garden Project cultivates personal growth, self responsibility, and community awareness in youth through organic gardening, experiential education programs, and community service.

Frequently Asked Questions About Youth Garden Project Summer Camp

Who are the Youth Garden Project camp instructors?

Martha Gilbert is the Youth Garden Project Program Coordinator. She handles all summer camp registrations and helps to support our Program Instructors. Martha was a Summer Camp Program Instructor with YGP in 2009, and has extensive experience working with youth in the outdoors. Kaitlin Harris and Abby Scott are the Summer Camp Program Instructors for 2010. They will be with campers each day, along with at least two YGP Apprentices. YGP Apprentices tend to be college students pursuing an education or agriculture degree.

Our instructors have extensive experience working with large groups of elementary-aged children, have received training in first-aid and CPR, receive training on effective and compassionate teaching strategies and have undergone an extensive background check. The main characteristic that all our instructors share is their love of working with children in the outdoors.

What is the child to instructor ratio?

We maintain a child/teacher ratio of 6:1. There will be no more than 30 children in each camp. Average camp size is 20-22 students.

What does my child need for camp?

CLOTHING: Please send your child to camp in comfortable clothes and shoes that can (and likely will) get wet and dirty. Shoes in particular should be able to be worn into the creek, as we DO NOT allow kids into the creek without their shoes on for their own safety. Please also pack a swimsuit and towel. If your child is unable to swim, please let us know. We will require that children unable to swim wear a life jacket when at the creek or pool. Please put your child's name on all of their clothing.

FOOD: Your child should always bring a water bottle with their name on it and a sack lunch. We will be providing all campers with a healthy snack, twice each day. If your child has any food allergies, please make sure to note that on your parental release form on the back of the registration form. We do not allow children to share their lunch food.

DO NOT BRING: Electronic games, personal toys etc. Cell phones are not allowed to be used at camp. Your child will be asked to turn their cell phone off and put it away until pick-up time. If you need to contact your child, please call the YGP office at 435-259-2326 (BEAN). If there is an emergency, you can reach Jen Sadoff, YGP Executive Director on her cell phone at 435-719-4076. Cell phones are very disruptive; please support us by affirming our policy with your child.

Can I sign my child up for more than one camp?

YES! Many children sign up for multiple camps. Each one is totally different so that your child can enjoy them all without repeating specific projects or activities. There are some camp elements that do repeat, such as helping with the animals or garden briefly in the morning, going to the creek to cool down, and the half hour of personal /quiet time each afternoon. We will primarily be outside, with activities taking place in the garden, in the grassy areas next to the high school, by the creek, and at the park.

Are there any additional materials fees?

No, the cost of the camp includes all materials, take-home projects and snacks.

What is your payment and cancellation policy?

YGP Summer Camp tuition is \$100 per child per session. Siblings receive 10% off per session. A \$25 good faith deposit per camper per session is due with registration to hold the space. The deposit is refundable if you cancel 30 days prior to the camp start date. If you are eligible for full tuition assistance, your deposit will be returned. The balance is due two weeks prior to each session. Payment must be received two weeks prior to the start of camp or the student will be un-enrolled and the deposit will not be returned.

What are your behavioral expectations?

YGP asks that all children follow our CARES model of behavior expectations. A Behavior Contract outlining the Cares model is included with the registration forms and should be signed by the parent/caretaker and child and returned with the registration. Anyone who chooses not to follow the behavior expectations will:

1. Be given a verbal warning and will discuss behavior with Summer Camp staff. If behavior continues the camper will:
2. Be given a time-out and will discuss behavior with Summer Camp staff. Subsequent timeouts will be increased in length and if more than 1 is given in one day, family will be notified at the end of the day. If more than 3 time outs are given in one day or as deemed appropriate by staff, the camper will:
3. Meet privately with Summer Camp staff and YGP Program Coordinator and/or YGP Executive Director. Parent/Guardian will be called immediately.
4. Depending on severity, if issues continue, child will be dismissed for the remainder of the day or week. Camp tuition will not be refunded.

Youth Garden Project Summer Camp Behavior Expectations Contract

In order to foster a fun and safe learning environment, the Youth Garden Project asks that all Summer Camp participants follow the CARES models of behavior expectations.

C: Cooperation

- Follow directions.
- Work as a team.

A: Attitude

- Come ready to have fun!
- Come ready to try new things!

R: Respect

- Please follow KYHFOOTY: "Keep your hands, feet, and other objects to yourself."
- Kindness and respect should be shown to all campers, staff and guests at all times.
- Be gentle with plants and animals at the Garden.
- Clean up after yourself.
- Please use an indoor voice in the Shafer House and the Garden Kitchen.

E: Empathy

- Follow the Golden Rule: Treat others as you would like to be treated.
- Lend a helping hand to anyone who needs it.

S: Safety

- Stay with the group at ALL times.
- Please walk, not run, on all Garden property, and please stay on the paths.
- Please walk your bike on all Garden property.
- Wash your hands after visiting animals.
- Be ready to drink lots of water!
- Please do not share your food.

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Please sign your name below if you have read and understand the above expectations. Thank you for helping keep the Youth Garden Project a safe and fun place to be!

Signature of Summer Camp Participant

Signature of Parent/Guardian

Parental Release Form

Please provide us with the following information regarding your child. All information is confidential.

Child's full name: _____ DOB _____

1. Please list any allergies your child has to food, medications, insects, or other. **Please also list any dietary restrictions.** If none, please write none.
2. Please list any pre-existing medical conditions of your child, for example asthma, hearing, ear infections, visions, fractures or sprains, diabetes, seizures, fainting spells, heart issues. If none, please write none.
3. Please list any regular medications taken by your child. If none, please write none. Please note that YGP staff is unable to dispense ANY medication due to our liability insurance.
4. Please rank your child's ability to swim on a scale of 1-10 with 1 being unable to swim and 10 being a strong swimmer: _____

Hospitals require insurance information for admission or emergency room treatment.

Name of your health insurance provider (If none, please write none.): _____

Policy Number: _____

Please read and initial the following releases. Include your signature at the bottom of the page.

PARENT AUTHORIZATION: I hereby declare my child to be physically sound, having medical approval to participate in the activities of the Youth Garden Project and/or AmeriCorps. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I further understand that neither the Youth Garden Project nor AmeriCorps nor any of its paid staff or volunteers can be held responsible in the event of an accident. I also certify that my child is amenable to discipline and free from habits or attitudes which would make him/her an undesirable participant. _____ Initial

TRANSPORTATION AGREEMENT: I understand that my child may be using van, bus, or car transportation for field trips. I give permission for my child to travel by any of the above methods with Youth Garden Project and/or AmeriCorps staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and there will be at least one staff member present at all times. I agree to release the Youth Garden Project and/or AmeriCorps staff from any and all claims of damages, demands, or liabilities, which may arise as a result of my child's participation on these trips. _____ Initial

OFF YGP GROUNDS AUTHORIZATION: I authorize that my child has permission to go off Youth Garden Project grounds when necessary to participate in Youth Garden Project and/or AmeriCorps activities, as some activities require the use of a facility or recreational area that is not available at the garden. I agree to hold neither the Youth Garden Project nor AmeriCorps nor any of its paid staff or volunteers responsible for any accident or injury that may occur while my child is participating in a Youth Garden Project and/or AmeriCorps activity that is off Youth Garden Project grounds. _____ Initial

EMERGENCY AUTHORIZATION: I authorize any representative of the Youth Garden Project and/or AmeriCorps to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is not time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by the agency to provide the necessary care and treatment for my child. _____ Initial

PHOTOGRAPH/VIDEO AUTHORIZATION: The Youth Garden Project and/or AmeriCorps have my permission to use photographs/videos of my child in any promotional material. _____ Initial

STUDENT RELEASE: In consideration of my child's participation in the Youth Garden Project and/or AmeriCorps activities, I do hereby agree to hold free from any and all liability the agency and its respective offices, employees, and members and do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the Youth Garden Project and/or AmeriCorps. _____ Initial

Parent/Guardian Signature

Printed Name

Date
