

**Youth Garden Project
530 South 400 East
Moab, Utah 84532
435-259-2326**

www.youthgardenproject.org

**SPRING BREAK CAMP REGISTRATION FORM
March 26th – 30th from 9:00am-1:00pm
Tuition Cost: \$80
REGISTRATION DEADLINE: MARCH 16th, 2018**

Child Name _____ Grade _____ D.O.B. _____

Parent/Guardian Name(s) _____

Address _____

Phone: Home _____ Work _____ Cell _____

*E-mail Address _____

*You will receive a registration confirmation via e-mail. If you prefer to receive your confirmation by mail, please note this here). **

Emergency Contact Information

Contact 1: _____ Relationship to Child: _____ Phone: _____

Contact 2: _____ Relationship to Child: _____ Phone: _____

Individuals OTHER than Parents/Guardians Authorized to Pick Up My Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

IMPORTANT NOTES:

- The \$80 payment is due when you turn in this registration form with the exception of those applying for tuition assistance.
- If you are applying for tuition assistance, please submit the application with your registration form. We will be in touch the week of March 19th, 2018 regarding your tuition assistance award. Payment for camp will be due by the first day of camp: March 26th, 2018.
- If you need to cancel registration for any reason, tuition refund will be contingent upon YGP's ability to fill your camper's spot.

SEE REVERSE SIDE FOR PARENTAL RELEASE FORMS→

The Youth Garden Project cultivates healthy children, families and community through educational programs and the profound act of connecting people with food from seed to table.

Parental Release:

1. List any allergies your child has to food, medications, insects, or other—this includes any dietary restrictions. If none, please write none.

2. List any pre-existing medical conditions your child may have. For example: asthma, hearing, ear infections, visions, fractures or sprains, diabetes, seizures, fainting spells, heart issues, etc. If none, please write none.

3. List any regular medications your child may take. If none, please write none.

NOTE: YGP staff is unable to dispense ANY medication due to our liability insurance.

PLEASE READ AND INITIAL THE FOLLOWING RELEASES

PARENT AUTHORIZATION: I hereby declare my child to be physically sound, having medical approval to participate in the activities of the Youth Garden Project. 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 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*

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 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 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 activity that is off Youth Garden Project grounds. _____ ← *Initial*

EMERGENCY AUTHORIZATION: I authorize any representative of the Youth Garden Project 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 has 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 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. _____ ← *Initial*

BEHAVIOR POLICY: In order to foster a fun and safe environment, YGP asks that all spring break camp participants follow the C.A.R.E.S. models of behavior expectations. Outlined below is the model:

- **C=Cooperation:** follow directions; work as a team.
- **A=Attitude:** come ready to have fun and try new things!
- **R=Respect:** 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 all plants and animals; clean up after yourself
- **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; walk and stay on the designated pathways; wash your hands after visiting animals or before eating; drink lots of water; wear sunscreen

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Anyone who does *not* follow the above expectations will:

1. Be given one verbal warning and discuss behavior with an instructor.
2. If behavior continues, the camper will be removed from the activity (time-out) with a follow-up discussion with an instructor. If more than one time-out is given in a day, family will be notified at pick-up.
3. If more than three time outs are given in a day or as deemed appropriate by staff, the camper will meet privately with the Youth Programs Director. In some cases, a parent/guardian will be called immediately. Depending on severity, if issues continue, child will be dismissed for the remainder of the day or week. Camp tuition will not be refunded. _____ ← *Initial*

Parent/Guardian Signature

Printed Name

Date



Please contact Youth Programs Director for further questions, comments, or concerns by calling (435)-259-BEAN or e-mailing julie@youthgardenproject.org