

THE YOUTH GARDEN PROJECT
SUMMER CAMP REGISTRATION
AGES: 6-11/ENTERING GRADES: 1st-6th

Camper Name: _____ M/F: _____
Date of Birth: _____ Camper's Age (as of 6/4/18): _____ Camper's Grade Fall 2018: _____
Parent/Guardian Full Name(s): _____
Address: _____
Telephone: (H) _____ (W) _____ (C) _____
E-mail address (please print clearly):* _____

*You will receive registration confirmation via e-mail. Please note above if you would prefer to receive confirmation via post.

EMERGENCY CONTACT INFORMATION

Contact 1: _____ Relationship to Child: _____ Phone: _____
Contact 2: _____ Relationship to Child: _____ Phone: _____

LIST ANY OTHER INDIVIDUALS (OTHER THAN THOSE LISTED ABOVE) AUTHORIZED TO PICK UP MY CHILD:

Name: _____ Phone: _____
Name: _____ Phone: _____

PAYMENT INFORMATION:

- TUITION: \$130 per child per session
DEPOSIT: a \$30 deposit per camper per session is due with registration. Deposits are only refundable if you cancel 30 DAYS PRIOR to the session start date. The remaining balance for each session is due two weeks prior to the session start date. You will receive reminders via e-mail for each payment.
TUITION ASSISTANCE: any family experiencing financial hardship is encouraged to fill out the tuition assistance application. We will be in touch in regards to the amount awarded as soon as possible.

EXPEDITION DAY CAMP WITH CANYONLANDS FIELD INSTITUTE (CFI)

In an effort to provide more summer programming, we are continuing our partnership with CFI. This year, we will be offering an additional off-site camp during Weeks 4, 8, and 9. Registration for this camp is \$150 per child per session and only offered to youth ages 9-12/grades 4th-6th. You must fill out an additional registration form to get your camper signed up!

CAMP SELECTION: sessions are filled on a "first come first served" basis. Mark an (x) below next to the sessions that your camper would like to attend!

- Week 1: GARDEN OASIS! (June 4-8)
Week 2: GAME SHOW MANIA! (June 11-15)
Week 3: UPCYCLE IT! (June 18-22)
Week 4: THE WONDERFUL WORLD OF WATER! (June 25-29) & Expedition Day Camp w/CFI
NO SUMMER CAMP! (JULY 2-6)
Week 5: YGP ON BROADWAY PRESENTS...SHREK IN GARDENLAND! (July 9-13)
Week 6: IT'S A MYSTERY! (July 16-20)
Week 7: WHAT'S COOKING IN THE GARDEN! (July 23-27)
Week 8: RANDOMNESS! (July 30-August 3) & Expedition Day Camp w/CFI
Week 9: WILDERNESS SURVIVAL! (August 6-10) & Expedition Day Camp w/CFI

Total Number of Weeks: _____ X \$30 per week deposit = Total Deposit Due: \$ _____
Remaining Amount Due: \$ _____

Check here if you'd like to donate any amount to help a family attend summer camp! Amount: _____

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.

HEALTH HISTORY

1. Please list any allergies your child has to food, medications, insects, or other. Please include any dietary restrictions. **If none, 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.** *Note: YGP staff is unable to dispense ANY medication due to our liability insurance.*

4. Will your child need a lifejacket to swim in the Mill Creek swimming hole? Circle: YES or NO

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

Policy Number: _____

**Hospitals require insurance information for admission or emergency room treatment.*

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**

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 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 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 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 (aka 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 RETURN ALL FORMS AND YOUR DEPOSIT TO:
The Youth Garden Project, 530 S. 400 E., Moab, UT 84532****



Questions?

Call Julie Zender at the Youth Garden Project (435-259-BEAN).
You can also e-mail: julie@youthgardenproject.org, or visit our website:
www.youthgardenproject.org/youthcamps

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