

# Farm and Garden Camp Application

## June 26<sup>th</sup>-30<sup>th</sup>, 2017

Come grow with us!



### **How to submit your application:**

Make checks payable to the Red Lodge Area Food Partnership Council

### **Turn in completed applications + fee:**

Drop off folder in the entryway at the Community Foundation, or drop off applications at the front desk of Mountain View Elementary

### **or, Mail completed applications + fee to:**

Beth Williams  
Red Lodge Area Food Partnership Council  
P.O. Box 1604  
Red Lodge, MT 59068

**For more information, contact Beth Williams at [beth.williams@foodcorps.org](mailto:beth.williams@foodcorps.org) or 408-898-0931**



Red Lodge Area  
Food Partnership Council

## **About Farm and Garden Camp**

Farm and Garden Camp participants will plant, harvest, and tend the Youth Garden, enjoy a healthy lunch, and visit local farms to learn about sustainable agriculture. Activities will incorporate scientific, nutritional, and economic concepts, while providing outlets that encourage creativity and imagination. Camp is open to students entering grades 1-5.

*Cost of the camp is \$100 for the week; includes five full days with lunch and transportation. (If you would like assistance with camp fees please apply for the youth enrichment fund through the Red Lodge Area Community Foundation). Make checks payable to Red Lodge Area Food Partnership Council. Financial assistance may be available through the Community Foundation's Youth Enrichment Grants – visit their website or stop by for more information.*

### **Sample Daily Schedule**

#### **9:00-9:45am**

Campers participate in introductory activity/ game in the Youth Garden.

#### **9:45-10:15am**

Activity/ lesson on topics that could include soil, plant parts, composting, the water cycle, beneficial insects, and more. Guest visitors will present on specialties.

#### **10:15-11:00am**

Work in the garden! Water, plant, harvest, weed, and tend the Youth Garden.

#### **11:00-12:30pm**

Campers work on a cooking or art project before lunch, then sit down to enjoy a delicious healthy meal together.

#### **12:30-1:15pm**

Campers travel over to local farms and ranches for afternoon activities. Transportation provided by Red Lodge school buses and drivers.

#### **1:30-3:15pm**

Campers will learn about growing vegetables, livestock, and farm operations to gain an understanding of how food is produced, from seed to plate.

#### **3:15-4:00pm**

Campers will travel back to Red Lodge and be picked up at 4pm in the Garden. If activities run late, parents will be notified well in advance.

## 2017 Farm and Garden Camp

*This form is to be completed by parent/guardian*

Questions? Contact Beth Williams, [beth.williams@foodcorps.org](mailto:beth.williams@foodcorps.org), 408-898-0931

**Camper's Name** \_\_\_\_\_

Age: \_\_\_\_\_ Entering grade: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (other than household): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Please describe your child's current level of physical activity:

What do you hope your child will gain from participating in this camp:

**Financial Assistance:** The fee for the weeklong camp is \$90. Contact the Community Foundation or the Food Partnership Council if financial assistance is needed.

**Insurance:** It is the responsibility of every individual, his/her parent or legal guardian, to provide for their own accident and health coverage while participating in the Farm and Garden Camp.

**Photo Permission:** I give permission for the Red Lodge Area Food Partnership Council and FoodCorps to use pictures of my child for promotional purposes related to the Camp.

**Risk of Activity:** Recognizing that the staff of the Farm and Garden Camp will do their best to ensure a safe experience, I understand that accidents can occur from my child's participation in outdoor activities.

**Signature of parent or legal guardian:**

\_\_\_\_\_ Date \_\_\_\_\_

## 2017 Farm and Garden Camp Medical Information

*This form is to be filled out by campers and their parents:*

Please provide complete information so that the staff can be aware of your child's needs. Campers will be in remote areas and it's important that staff is well informed about each participant. Any changes to this form should be submitted to camp personnel upon the participant's arrival at camp.

Camper's Full Name \_\_\_\_\_

Parents'/Guardians' Full Name \_\_\_\_\_

### **Liability Release:**

*Important—This item must be completed for attendance.*

I, the undersigned, hereby give permission for my child to participate in all activities (unless otherwise specified) and assume all risks and hazards incidental to the program. I also hold harmless the Red Lodge Area Food Partnership Council, its staff and appointed assistants. I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Parent/Guardian Authorizations: This health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Farm and Garden Camp staff and volunteers to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied.

Signature of parent or guardian:

Date:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

### **Physician Information:**

Camper's physician: \_\_\_\_\_

Physician's phone: \_\_\_\_\_



**Health History** (Explain “yes” answers below)

Has/does the participant:	Yes	No
1. Had any recent injury, illness or infectious disease?	_____	_____
2. Ever had a head injury?	_____	_____
3. Ever had seizures?	_____	_____
4. Have diabetes?	_____	_____
5. Have asthma?	_____	_____

Please explain “yes” answers, noting the number of questions: