

Farm Camp at Montclair Community Farms  
Registrations FORM



June-August, 2017

For Office Use Only:

\_\_\_\_\_ Registration    \_\_\_\_\_ Medical Info Form    \_\_\_\_\_ Event Permission Form    \_\_\_\_\_ Payment

**PLEASE NOTE:** Space for youth in each group is limited; please get your registration in as soon as possible.

**MAIL Forms To:** 4-H Office, Attn: Camp Registration Dept. 162 Washington Street Newark, NJ 07102 or

**EMAIL Forms To:** [Essex4h@njaes.rutgers.edu](mailto:Essex4h@njaes.rutgers.edu), Re: Farm Camp Registration.

**Drop off Forms to Montclair History Center:** 108 Orange Road, Montclair NJ between 9:00-2:00 M-F.

**Payment:** Checks can be mailed to the address above or families can pay online through PayPal (see below for info).

A space at camp is not guaranteed until a payment is received. Camp fees are non-refundable.

Name \_\_\_\_\_ Name for Name Tag \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Completed in 2016 \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business/Cell \_\_\_\_\_

Is child a 4-Her? \_\_\_\_\_ Yes \_\_\_\_\_ No Name of 4-H Club \_\_\_\_\_

E-mail address \_\_\_\_\_

**TRANSPORTATION INFORMATION:**

Name of person dropping off/picking up child daily: \_\_\_\_\_

Other persons authorized to pick up child:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**T-SHIRT SIZE:** \_\_\_ Youth XS (4-6) \_\_\_ Youth S (7-9) \_\_\_ Youth M (10-12) \_\_\_ Youth L \_\_\_ Adult S

\_\_\_ Adult M \_\_\_ Adult L

**MEDIA POLICY AND RELEASE:**

During the Farm Camp, photographs and video are taken of participants. Sometimes these pictures are used for 4-H, Montclair History Center and Farm Camp promotion and may be sent to newspapers or used in flyers and program reports. However, for websites the policy is that youth in photos will not be identified by name(s). If you do not wish to have your child's picture or name used for promotional purposes, please check the appropriate boxes below.

- No, do not use my individual picture for any purpose. I will avoid opportunities to be in-group photos.
- No, do not use my name for any purpose.

**CAMP AGE AND DATES:** Check off which week you want to register your child.  
*(We will accept youth 6months younger or older than ages listed below.)*

**June 26 through June 30: ages 4 to 6 from 9 am to 12:30 pm.**

**July 31 through August 4: ages 9 to 11 from 9 am to 1 pm.**

*June 26th through June 30: ages 12 to 15, from 9 am to 1 pm (CITS ONLY)*

*July 31 through August 4: ages 12 to 15 from 9 am to 1 pm (CITS ONLY)*

**July 17 through July 21: ages 6 to 9, from 9 am to 1 pm**

**August 28 through September 1: ages 7 to 11 from 9 am to 5 pm**

*July 17 through July 21: ages 12 to 15, from 9 am to 1 pm (CITS ONLY)*

*August 28 through September 1: ages 12 to 11 from 9 am to 1 pm (CITS ONLY)*

**PAYMENT INFORMATION:**

Payment for camp week 6/26, 7/17, 7/31	+	_____	(\$250)
Payment for camp week 8/28	+	_____	(\$450)
*Total Early Bird Discount	-	_____	(\$25)
**Total CIT Discount	-	_____	(\$125)
***Campership amount	-	_____	(TBD)

\* A \$25 Early bird discount is for all families registered before March 30<sup>th</sup>

\*\* CIT Discount is for Farm Camp alumni ages 12-15 wishing to come back and serve in a leadership role

\*\*\*Please contact our office about Campership

---

**Total Amount Owed:** = \_\_\_\_\_

**Please Check one:**      Check\* \_\_\_\_\_      Cash \_\_\_\_\_      PayPal\*\* \_\_\_\_\_

\*Checks can be made out to *Montclair Community Farms*

\*\*Please add your email here if you would like to pay using PayPal. Please note there will be an additional \$10 fee to pay through PayPal. Upon receiving your applicant, an email will be sent to you with an invoice to pay Montclair Community Farms Directly. **Email:**

**PARENT/GUARDIAN AGREEMENT:**

I give my child permission to attend the Farm Camp on the dates indicated above. I agree to drop off and pick up my child at the designated times. I understand that I may be charged an additional fee if I pick up my child late. I will contact the Camp Directors if my child will arrive late or be picked up early, or if my child will not attend the program on a given day.

---

Parent/Guardian's Signature

---

Date

# New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

## Information about the Youth Participant and Activity

Name of Youth participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

## Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

**Sign Here** →

Signature of parent or guardian: \_\_\_\_\_

## Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of parent/guardian	Phone number	Name of additional emergency contact	Phone number
-------------------------	--------------	--------------------------------------	--------------

The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Sign Here** →

Signature of parent or guardian \_\_\_\_\_

*Continued on other side*

## New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

 <b>Sign Here</b>	_____	_____
	<b>Signature of participant in event</b>	<b>Date</b>
 <b>Sign Here</b>	_____	_____
	<b>Signature of parent or guardian</b>	<b>Date</b>

---

## New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

---

Revised: January 2013

*2017 Farm Camp*  
**MEDICAL AUTHORIZATION FORM**

*To be used by Camp Director*



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

■ **In Case of an Emergency, the following will be called IN THIS ORDER:**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

■ **Allergies:**

Youth will be preparing healthy snacks every day of camp. Please be sure to list any foods you do not want your child to taste or handle. Please emphasize any major food allergies and be sure to discuss with your child to "say no" if they are offered a food they are allergic to or do not like.

\_\_\_\_\_ Bee Stings (*Epi-Pen must be provided and separate letter of permission signed with 4-H*)

\_\_\_\_\_ Food Allergy \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**Should any physical activities or food tasting be restricted?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

■ **List any medications accompanying child and special instructions if any:**

*PLEASE NOTE: ALL medications will be left with the camp director. ALL medications MUST be supplied in the original prescription container with the original label including current date, child's name, medication and doctor's directions for administration. Camp staff is not permitted to administer medicine, your child must self-administer any medication that you bring.*

■ **If child will be carrying an inhaler for asthma, please sign below:**

*My child knows how to properly administer his/her medication for asthma. I give permission for my child to carry this medication and to administer it as necessary.*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**For Parent/Guardian of ALL Participants - Please sign below:**

*I hereby give permission to the Farm Camp Director to provide the appropriate first aid or medical care necessary and/or to provide to my child to administer the above prescription/non-prescription medications accompanying them to the program.*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**APPLICATION -  
Counselors in Training (CITS)**

**Please complete the information below and attach to your farm camp registration.**

Counselors in Training (CITS) are youth ages 12-15 who are also Farm Camp Alumni. They will work alongside senior counselors taking on a leadership role to help keep younger campers happy, safe and engaged. Along with the daily learning through camp activities, campers will learn greater leadership, organization, and problem solving and team player skills. Although CITS will have a greater leadership role at camp, they will be expected to participate in selected scheduled camp activities. CITS are asked to arrive 30 minutes early than camp start time and stay 30 minutes later than camp end times. If CITS have a younger sibling at camp siblings are welcome to stay during set up and clean up with no additional charge. CITS must be between the ages of 12-15 and must have attended a week of farm camp before. CITS must complete the application and will be contacted if there are any further questions are. All CITS will be contacted by the end of May with a date and time for a mandatory camp staff/volunteers orientation.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**APPLICATION QUESTIONS:**

**Why do you want to be a CIT at Farm Camp?**

**How can your prior experiences help you to be a strong leader at Farm Camp?**

**Please check all activities you would like to help lead?**

- |  |   |
|--|---|
| <input type="checkbox"/> Chickens              | <input type="checkbox"/> Playing an instrument    |
| <input type="checkbox"/> Reading a story       | <input type="checkbox"/> Leading a craft activity |
| <input type="checkbox"/> Preparing snacks      | <input type="checkbox"/> Playing an instrument    |
| <input type="checkbox"/> Leading songs         | <input type="checkbox"/> Holding Chickens         |
| <input type="checkbox"/> Playground games      | <input type="checkbox"/> Harvesting Fruits        |
| <input type="checkbox"/> Helping homesick kids | <input type="checkbox"/> Playground Games         |
| <input type="checkbox"/> Planting              |   |
- (other?)