This summer, youth have a fabulous opportunity to develop life-changing skills in the garden and at the river by joining one of our Summer Day Camps! **Farm and Nature Camp:** $225 per week if registration received by April 2, 2017. $245 per week for registrations received after April 2, 2017. **Cooks Camp:** $250 per week if registration received by April 2, 2017. $275 per week for registrations received after April 2, 2017. Reserve your spot today!

<table>
<thead>
<tr>
<th>Camp</th>
<th>Group Name</th>
<th>Grade Level (entering)</th>
<th>Dates</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Farm Camp</td>
<td>Jr. Farmers / CIT *</td>
<td>7-12</td>
<td>June 19-23</td>
<td>8am-noon</td>
</tr>
<tr>
<td>Farm Camp</td>
<td>Gardeners</td>
<td>4-6</td>
<td>June 26-30</td>
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</tr>
<tr>
<td>Cooks Camp</td>
<td>Jr. Chefs</td>
<td>7-12</td>
<td>July 10-14</td>
<td>8am-noon</td>
</tr>
<tr>
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</tr>
<tr>
<td>Nature Camp</td>
<td>Oaks</td>
<td>4-6</td>
<td>July 24-28</td>
<td>8am-noon</td>
</tr>
<tr>
<td>Nature Camp</td>
<td>Acorns</td>
<td>1-3</td>
<td>July 31-August 4</td>
<td>8am-noon</td>
</tr>
</tbody>
</table>

*Jr. Farmers / CIT: Participants in this camp can also choose to volunteer as camp counselors during the day camps that follow.

Please print and complete all documents and mail them to Soil Born Farms, Attn: Summer Day Camp, P.O. Box 661175, Sacramento, CA, 95866 as soon as possible. Please note that additional postage may be required. Save a stamp - print double-sided. Incomplete registration packets will be returned to you and your registration confirmation will be put on hold. Double check that all fields and required signatures are completed.

You will be notified of final confirmation by email as soon as we receive the completed packet. Thank you! We are looking forward to an exciting season of Summer Day Camps at Soil Born Farms!

**Soil Born Farms Summer Camp Information**
For more information, visit [www.soilborn.org](http://www.soilborn.org) or contact Alyssa Kassner, Youth Education Coordinator: akassner@soilborn.org 916.363.9685 x 1012

**Checklist**
Documents to return include:
- 2-page completed Registration Form
- Waiver and Liability Agreement
- Camper Questionnaire
- Summer Day Camp Pick-up Authorization Form
- Safety and Behavior Policy Review and Signature
- Payment in full (unless paid online or applying for scholarship)
- Keep this page and the Safety and Behavior Policy pages

Thank you!
Soil Born Farms Summer Day Camp Registration Form
Soil Born Farms 2140 Chase Drive Rancho Cordova, CA 95670
916.363.9685 www.soilborn.org

Please complete a separate registration form/packet for each camper. Please print.

Camper name ___________________________________________________________ male / female
Birth date: __________ Age during camp: __________ Grade camper will enter fall 2017 __________
Parent or guardian name (primary contact): __________________________________________________________
Address: __________________________________________________________________________________________ City __________ Zip: __________
Daytime phone: _______________ Home: _______________ Cell: _______________
E-mail address: __________________________________________________________
☐ Please do not email me Soil Born Farm’s newsletter, On the Horizon

Parent or guardian name (secondary contact): __________________________________________________________
Address: __________________________________________________________________________________________ City __________ Zip: __________
Daytime phone: _______________ Home: _______________ Cell: _______________
E-mail address: __________________________________________________________

CAMP SESSION - Please check one of the following:

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PAYMENT INFORMATION

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*Note: Families applying for scholarship assistance should not send in a fee with this application.

Payment by:
☐ Payment made online (Preferred method of payment)
☐ Check made payable to Soil Born Farms (Please enclose check with this Registration Packet)

Amount Enclosed for Camp(s): $_____________
Please contribute to our scholarship fund today! Your generosity will help a low-income child experience the beauty of Soil Born Farms. Thank you!

Donation enclosed for the Soil Born Scholarship Fund: $ _____________ Total Payment: $ _____________

SCHOLARSHIP INFORMATION
Scholarships are available for low-income families and will be awarded on the basis of need and availability. Please indicate how much of the normal camp fee you will pay: $ _____________

*Note: Families applying for financial assistance should not send in a fee with this application. Please complete and submit a Scholarship Request Form to be considered for financial aid.

IMAGE RELEASE
By enrolling your child in our Summer Day Camp, you authorize that any photographs, motion pictures and/or video recordings taken of him/her during his/her participation in a Soil Born program may be used by Soil Born Farms for the purpose of promotion in perpetuity. These photographs, motion pictures and/or video recordings will be fully owned by Soil Born Farms and you won’t make any claim against Soil Born Farms or the photographer for their use for any reason whatsoever.

It is understood by the party enrolling the child in the Soil Born Farms Summer Day Camp that the scope of the Consent is as described above, and that there will be no consideration, monetary or otherwise, required from Soil Born Farms in exchange for such consent.

CANCELLATION & CHANGE POLICY
If you must cancel your registration you will be eligible for a full refund (minus a $25 processing fee) if the cancellation is made at least 3 weeks before the camp starting date. Cancellations received with less than 1 week’s notice will not be eligible for any refund unless a replacement is available to take your camper’s spot.

I have read and agree to abide by the cancellation and image release policies.

X
Signature of parent or guardian Date

MEDICAL RELEASE INFORMATION
Child’s Name: ________________________________________________________________________
Primary emergency contact name: _________________________________________________________
Daytime phone number: _____________________________ Relationship: _______________________
Secondary emergency contact name: _______________________________________________________
Daytime phone number: _____________________________ Relationship: _______________________
Doctor’s Name: _____________________________ Doctor’s Phone Number: __________________

Does your child have any allergies, medical conditions, or other special needs? Please specify what your child is allergic to and what reaction is typical. It is especially important that we learn about allergies to bee stings and foods (list below.)
___________________________________________________________________________________
___________________________________________________________________________________

Does your child have any food sensitivities, restrictions or intolerances? We cook or serve snack everyday so this important!
___________________________________________________________________________________
___________________________________________________________________________________

Will your child be taking any medication while at Soil Born Farms? If so, please detail:
___________________________________________________________________________________
(Any medication your child will be bringing to camp should be in a ziploc bag clearly labeled with his or her name.)
In the event of an emergency, if we cannot reach you, please indicate your permission to authorize emergency care by signing below:
X__________________________________________________________________________
Signature of parent or guardian Date
Waiver and Liability Agreement

Soil Born Farms ("SBF") is a nonprofit organization whose mission is to empower youth and adults to discover and participate in a local food system that encourages healthy living, nurtures the environment and grows a sustainable community. By signing below, I, the Volunteer (or the Volunteer’s legal guardian, on the Volunteer’s behalf), agree that:

1. Policies and Safety Rules. For my safety and that of others, I will comply with SBF’s volunteer policies and safety rules and its other directions for all volunteer activities. I will supervise any child or other person for whom I am responsible. If I become aware of any hazardous condition or danger at an SBF program site, I will alert SBF.

2. Awareness and Assumption of Risk. I understand that my volunteer activities with SBF have inherent risks that may arise from SBF’s operations, my own actions or inactions, or the actions or inactions of SBF, its directors, officers, employees and agents, other volunteers, and others present at SBF farm, gleaning, food distribution and other program sites. These risks may include, but are not limited to: dangers and conditions inherent to farm property and other program sites, including bees, snakes, animals, poison oak, uneven terrain, allergens, and use of power tools, ladders and farm equipment; weather; physical exertion; and travel to and from SBF program sites. I assume full responsibility for any and all risks of bodily injury, death or property damage caused by or arising directly or indirectly from my presence at SBF program sites or participation in SBF activities, regardless of the cause.

3. Waiver and Release of Claims. I waive and release any and all claims against: SBF; the owner or owners of premises on which SBF programs take place including owners of sites for gleaning activities (collectively, “landowners”); other tenants at SBF’s or landowners’ premises; the County of Sacramento (the “County”); and SBF’s, landowners’, the County’s, and other tenants’ directors, officers, agents, employees, volunteers, and affiliates (collectively, the “Released Parties”), for any liability, loss, damages, claims, expenses and attorneys’ fees (collectively, “Liabilities”) resulting from death, or injury to my person or property, caused by or arising directly or indirectly from my presence at a SBF program site or participation in SBF activities, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I waive the protections of Section 1542 of the California Civil Code, which provides that a general release does not extend to certain claims not known to me at the time I signed this waiver and release. I understand that SBF would not permit me to volunteer without my agreeing to these waivers and releases.

4. Medical Care Consent and Waiver. I authorize SBF to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon SBF to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment or medical service, including the lack of timing of such, made in connection with my volunteer activities with SBF.

5. Indemnification. I will defend, indemnify, and hold the Released Parties harmless from and against any and all Liabilities, including without limitation, Liabilities arising from any injury, property damage, or death that may be suffered by me or any person in a relationship with me or any other third party, which may arise directly or indirectly from my SBF volunteer activities, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.

6. Confidentiality. As a volunteer, I may have access to SBF confidential information. At all times during and after my participation, I agree to hold in confidence and not disclose or use any such confidential information except as required in my SBF volunteer activities or as expressly authorized in writing by SBF’s Executive Director.

7. Publicity. I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in SBF volunteer activities. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

8. Volunteer Not an Employee; Relationship with County. I understand that (i) I am not an employee of SBF, (ii) that I will not be paid for my participation, and (iii) I am not covered by or eligible for any SBF or other insurance, health care, worker’s compensation, or other benefits. I acknowledge that the County and SBF are no co-sponsors, partners, joint venturers or otherwise jointly engaged in any activities, including those in which I may participate as a volunteer. I may choose at any time not to participate in an activity, or to stop my participation entirely, with SBF.

____________________________________________________________             ________________________________________

____________________

Date

Print Parent’s/Guardian’s Name
Camper Questionnaire

Name: ________________________________

Nick Name: ____________________________

How old are you? ______________________

When is your birthday? __________________

Where do you go to school? ________________________________

Do you have any favorite sports or games? _______________________

What are your favorite activities or hobbies? _______________________

What is your favorite color? ________________________________

What food do you like to eat? ________________________________

What is your favorite fruit or vegetable? _______________________

What is your favorite animal? ________________________________

What is your favorite treat? ________________________________

What music do you like? ________________________________

What is your favorite movie? ________________________________

Do you have any brothers or sisters? _______________________

Have you ever been to a farm? ________________________________

Why do you want to come to summer day camp? __________________

(If you have a photo of yourself, attach it here)
Summer Day Camp Pick-up Authorization Form

Any person, other than the authorizing parent, who is picking your child up must be listed on this form and must show identification at pick-up. If you want your child to be able to sign themselves in and out, please list their name on the form as well.

__________________________
Camper (Print Name)

__________________________
Authorizing Parent (Print Name)

__________________________
Authorizing Parent (Signature)  Date

Parent Phone Number

Names of Persons Authorized to Take Child from Facility
Child will not be allowed to leave with any person without written authorization from parent or authorized representative.

<table>
<thead>
<tr>
<th>Name</th>
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Summer Day Camp Safety and Behavior Policy
Please read and retain the following pages and sign below. Be sure to review these policies with campers. Thank you!

I have read and understand the following rules and safety information for Soil Born Farms Summer Day Camp.

Camper Signature: ___________________________  Date: ___________________________

Parent Signature: ___________________________  Date: ___________________________
Summer Day Camp Safety and Behavior Policy
Keep these pages for reference!

1. All campers must have completed and returned the registration packet BEFORE the first day of camp.

2. Use your 6 senses whenever visiting the farm. Your sixth sense is common sense. Avoid putting yourself or others in hazardous situations. Check with a staff member anytime you are uncertain of something.

3. Wear appropriate attire. No flip-flops or sandals are allowed. Remember that we work in the soil - wear clothes you don’t mind getting a little dirty.

4. Beware of farm obstacles.
   * Terrain - Watch your step! There are many tripping hazards around the property, random holes, and several places where the ground is uneven.
   * Insects and spiders - Almost every insect on the farm is harmless. If you are uncertain always ask a farm staff person. Be aware that there are black widows, which generally live in dark hidden areas, like in woodpiles or behind sheds. Do not reach your hand into an area you cannot see.
   * Sharp objects - metal stakes and fencing may be on the farm. Tools may have been left out. Be aware where you are walking to avoid any hazards.
   * Animals - Wild and domestic animals inhabit the farm. Respect all life and be mindful of potentially dangerous critters, like rattlesnakes!
   * Vehicles - farm tractors and trucks travel through the farm frequently.

5. Tool safety is very important! Farm staff will go over the proper way to use tools when we use them. Follow these rules to avoid injury. Always put tools away when you are finished with them.

6. NEVER throw rocks or other objects. You could injure or destroy plants or other people.

7. Do not pick any fruits or vegetables unless you have been given permission to do so.

8. Stay on the paths. Walking in beds harms the plants and organisms living in the soil.

9. Treat the farm animals with care. Teasing them can excite them and it is possible they could injure themselves or you.

10. Please throw away trash in a trashcan or take it away with you. Compost and recycle whenever possible. Help keep the farm beautiful!

11. Have fun exploring the farm, but also remember PEOPLE LIVE HERE TOO. Please respect the private residential spaces. If the above tips are followed, you will have a most excellent time at Soil Born Farm.

American River Parkway Safety
1. Wear appropriate attire. No flip-flops or sandals are allowed. Wear clothes you don’t mind getting a little dirty. Always carry sunscreen, and a hat. Wear sturdy shoes that are fit for walking in all types of terrain. If possible, bring a backpack to carry extra clothing, water, and other supplies. Check the weather forecast often before venturing out on a hike. Be comfortable, but be prepared!

2. Beware of Parkway dangers. * Hazardous plants - like poison oak, poison hemlock, stinging nettle and star thistle. * Wildlife - Never approach wild animals like rattlesnakes and mountain lions. Give all creatures plenty of space. Do not handle wildlife without checking with your teacher first. Be careful when turning over rocks, and
never reach into dark holes or places that you cannot see. * Boulders and cobbles- Rock piles and trails can be unstable and slippery when wet. Be sure to wear comfortable and sturdy footwear. * Sharp objects- Metal, rocks, branches, and broken glass are objects that can easily cut you. Be very careful when picking up or moving objects. * Other people- Beware of speeding cyclists and of people who may pose a threat to you or others. Treat the bike trail like a busy street and look both ways before crossing. Always tell an adult if you witness inappropriate behavior.

3. **NEVER throw rocks or other objects.** You could injure or destroy plants and wildlife, or other people. It is never acceptable to throw items in the Parkway.

4. **Take only memories and pictures, leave only footprints.** It is against the law to pick or remove vegetation, wildlife, or other Parkway features. Bag your own trash and perhaps that of others not as considerate. Leave NO Trace (LNT)!

5. **Never wander off the trails** as you may trample natural habitats or even step on wildlife. Always stay single file when exploring the nature trails and bike trail.

6. **Respect the wildlife, the community, and other users of the Parkway.** Always use “meadow talk” when conversing with friends or chaperones. Understand that the Parkway is a place where people and creatures go to escape the noise of “city life”. Don’t ruin the experience for others!

7. **Have fun exploring the Parkway.** If the above tips are followed, you will have a most excellent time in the American River Parkway.

**Policies for Disciplinary Action and Dismissal**

1. **Offenses calling for immediate dismissal from the program and NO refund of money include:**
   Possession of any weapon or dangerous instrument, i.e. this is not limited to any type of fire arm, knife, or sharp object that may cause injury, etc.
   Physical assault or any act that shows substantial threat to harm or endanger the safety of others (No rough housing of any kind).
   Any substantial threat to destroy property, or use of equipment without permission from the leader or staff.
   Possession or consumption of alcoholic beverages or illegal drugs.

2. **Procedures for disciplinary action:**
   There will be verbal warning to the camper if he/she is acting out of line. If the camper continues the same behavior, he/she will be asked to sit out. The camper will be allowed back into the activity when he/she ASKS to return and the problem has been recognized and resolved. There is no specified time period the camper must sit out; it is up to the camper.

3. **Procedures taken following dismissal:**
   The camper will be escorted to the office if we are on the farm. If we are away from the farm the camper will be removed from the group and supervised at all times. The leaders/staff member will call the parent or legal guardian, inform them of the situation, and ask them to come and pick up the camper as soon as possible. The camper WILL NOT be allowed to return to camp.

4. **Disciplinary action will be taken against the camper(s) for:**
   Misbehaving, disrupting, or bothering fellow campers. Not listening to the leader/staff, and not following instructions.