

STAR ACRE FARMS' 2014 JUNIOR MASTER GARDENER PROGRAM

Dear 3rd - 8th Grade Parents,

The Jefferson Conservation District and Star Acre Farms are excited to announce our second annual Junior Master Gardener (JMG) Summer Program. This program combines a gardening-based curriculum, character development, education, local community, and experiential learning into a fun and exciting certification camp program for our students! This year, we are offering an advanced JMG curriculum for students who have completed the beginner program and are looking to become more involved on the farm. Each participant plays a unique role in the planting and upkeep of an urban farm plot and will be certified as a Junior Master Gardener upon completion!

If your child is interested in joining this program, fill out and sign the attached Application materials. Return to Emily Grilli via email or mail.

Emily.grilli@co.nacdn.net

-or-

Emily Grilli
Jefferson Conservation District
Denver Federal Center
Building 56, Room 2604
PO Box 25426
Denver, CO 80227-0426

- _____ Application Form
- _____ Permission for Participation Form
- _____ Medical Release Form
- _____ Student Pick-up Form
- _____ \$100 payment (PayPal or mail in check)

Please pay the \$100 cost online using PayPal at: www.jeffersonconservationdistrict.org/urban-agriculture/jmg-program/ (or you can find this under the "Get Involved" tab → "Junior Master Gardener Kid's Summer Camp" tab at the top of the Star Acre Farms website: www.staracrefarms.com).

We recommend applying early since we have a limited number of spots available for both sessions.

Note: Refunds are only issued if the class has been cancelled.

JMG Program Schedule

- Course Dates:** **Session A:** Beginner JMG for students entering grades 3-5 → **June 10th through July 3rd**
Session B: Advanced camp for last year's graduates, Session A participants, and students entering grades 6-8 → **July 8th through July 31st**
- Course Time:** Every **Tuesday** and **Thursday** from: **9am-12pm**.
Bring your own packed lunch and enjoy from 12-12:30 with student pick up at 12:30.
- Course Location:** Star Acre Farms, 8412 N. Alkire St, Arvada, CO 80005
- Award Ceremony:** Potluck at Star Acres' farm stand (same address as above) with student presentations and awarding of Junior Master Gardener certificates:
Thursday, July 3rd immediately following class for Session A
Thursday, July 31st at 6 pm for Session B and extended session students

Application Form

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address					
City		State		ZIP	
Grade (Entering)		School			
		School Address			
PARENT/GUARDIAN INFORMATION					
Name					
Phone Number	Home		Cell		Work
E-mail Address					
Name					
Phone Number	Home		Cell		Work
E-mail Address					
I WOULD LIKE TO ATTEND STAR ACRE FARMS' JUNIOR MASTER GARDENER PROGRAM BECAUSE.....					
COMMITMENT					
<ul style="list-style-type: none"> I will make every effort possible to complete the individual, group, and service-learning JMG Activities by attending all scheduled classes Course Dates: Tuesdays and Thursday from June 10th through July 3rd and/or July 8th through July 31st Course Time: 9am-12pm. Student pick up at 12:30. I have looked at the possible conflicts with other activities/sports to ensure I can attend scheduled classes. Must attend at least 6 classes to obtain JMG certificate I will complete a journal entry for each JMG Activity as instructed by the JMG Teacher(s) I will obey the rules of the JMG program instructor to ensure a safe learning environment for all participants 					
REMINDERS					
<ul style="list-style-type: none"> The only bathroom at the farm is a Porta Potty. Students should always bring a drink to the farm to stay hydrated, and a hat and sunscreen are good ideas, too! If possible, please bring a blanket to class to ensure there is enough space for all students to sit on the ground comfortably. We can always use extra help at the farm. Please contact Emily at 720-544-2873 or Emily.Grilli@co.nacdnet.net if you'd like to sign up as a Parent Volunteer during camp, assisting with farm tasks or at camp itself! 					
STUDENT SIGNATURE / PARENT SIGNATURE					
Student Signature				Date	
Parent Signature				Date	

Permission for Youth to Participate

I hereby give permission for _____ to participate in organized events and activities offered by Star Acre Farms. It is my understanding that my child will learn, understand, and follow established guidelines for safety in the activities in which he/she participates.

ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

Participant's Full Name: _____ for the Junior Master Gardener Program at Star Acre Farms.

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in the Junior Master Gardener Program at Star Acre Farms. These risks may result in injury, death or damage to property. I understand and accept such risks, and thus waive all claims, demands and causes of action against Star Acre Farms.

I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in Star Acre Farms' JMG programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, and understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

READ, UNDERSTOOD AND AGREED TO THIS _____ DAY OF _____, 20____ .

I, (printed name) _____, am the parent or legal guardian of the JMG participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

Signature of Parent or Legal Guardian _____ Date: _____

PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION

Star Acre Farms and The Jefferson Conservation District would like to share the positive results of youth participation in the Junior Master Gardener Program. However, in some cases, parents or guardians may want to deny this publicity. If you **DO** allow your child's picture to be used for certain promotional efforts, please fill out and sign the form below. If this form is not filled out, publicity about this child's participation will not be used.

I, (name of parent/guardian) _____, the legal parent/guardian of (name of child) _____ do hereby **GIVE** permission for Star Acre Farms and The Jefferson Conservation District to use publicity information and/or photographs for (check one or both) _____ print and/or _____ internet use of my child's participation in the following officially recognized activity or event:
2014 Junior Master Gardener Program at Star Acre Farms.

(Signature of Parent or Legal Guardian) _____ (Date) _____

Star Acre Farms CODE OF CONDUCT

Anyone participating in the JMG activities will:

1. Adhere to program rules, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, and tobacco during Star Acre Farms events and activities.
4. Fully participate in scheduled activities.
5. Respect others' property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) and harassment.
7. Accept personal and group responsibility for behavior including any financial damage.
8. Adhere to rules of safety.

Consequences for violating any of these codes may include removal, at the individual's expense and without refund, from participation in the event in which the code of conduct has been violated, resolution or repayment of damages, sanctions on participating in future Star Acre Farms events, forfeiture of financial support for the event, removal from offices held, etc.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

Medical Release Form

As the parent/legal guardian of:

I request that in my absence the above-named child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named child.

Please attach your child's most recent physical (within the last 12 months) and return it with this document.

****Please note that we are unable to administer medication to your child during camp hours. ** Our JMG teacher is a certified Lifeguard and Wilderness First Aide (WFA) provider in case of a medical emergency.**

Date of youth's birth: _____ Date of last Tetanus Booster: _____

Allergies: *Please specify any food OR bee allergies*

Bee Y/N

Food Y/N

Other Medical Conditions: _____

Youth's Physician: _____ Phone #: () _____

Name of Parent/Guardian: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone # H: () _____ Work #: () _____

Cell #: () _____

*Person responsible for charges**(if different from above)*

Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone # H: () - _____ Work #: () - _____

Cell #: () - _____

Emergency contact if parent/guardian is unavailable: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone # H: () - _____ Work #: () - _____

Cell #: () - _____

Insurance Information

() -

Medical and/or Hospital Insurance Co

Phone #:

Policy Holder

Policy Number

Any other conditions or information we should know about:

Signature of Parent /Guardian: _____ Date: _____

Youth Pick-up Form

Student Name (First and Last): _____

I, (Parent/Guardian) _____ give permission for the following person or persons:

to pick up the above student at Junior Master Gardener Summer Camp at Star Acre Farms (8412 N. Alkire Street, Arvada, CO 80005) from any class during the duration of the course (Tuesday or Thursday) at 12:30 pm.

I, (Parent/Guardian) _____ give permission for my child to transport themselves to and from camp via bicycle or walking because of our close location to Star Acre Farms (Middle School students only).

Parent/Guardian Signature (First and Last): _____ Date: _____

How did you or your child hear about this course?

**Thank you for *completing* and *signing* the above forms.
We look forward to working with **YOUR** child this summer for a successful JMG Program!**