

Parent Information

Parent Full Name _____

Check here if parent address is the same as above if not, please fill in address below:

Parent Mailing Address _____

Parent Phone _____

Parent Email _____

Accommodations

My child requires accommodations for disability Yes No

My child has special needs accommodations Yes No

If yes, the accommodations needed are:

Interests

Circle all that apply:

Food Agriculture Business Entrepreneurship Invention

Are you available all days of the Camp as well as orientation? Yes No

If not, when are conflicts? _____

If you have thoughts about an idea to bring a product to market, what are they?

Signatures

Youth _____ Date _____

Parent _____ Date _____

By signing and dating this document, parent/guardian and youth clarify that they have read, understand, and agree to the terms of the Program Code of Conduct and Photography and information Release found on the back of this form.

Send completed form by July 9th to:
FarmOn! Foundation, 556 Empire Road, Copake NY, 12516
Or by email to Tara@farmonfoundation.org
For more information call 518-329-FARM (3276)

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Camp FarmOn! Code of Conduct

The following behavior guidelines and expectation are designed to make everyone's experience at this teen program satisfying. This means that all participants, volunteers, and staff shall adhere to these core values and respect the individual rights, safety, and property of others. Youth are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.

Expected Behavior:

1. All participants will be responsive to the reasonable requests of the adult in charge at the time given. This includes following rules and regulations of the given event (for example: abiding by curfew).
2. All participants will participate in all of the planned programs, be on time and follow through on assigned tasks/responsibilities in a manner that insures the safety, well-being, and quality of the educational experience for self and others.
3. All participants will act in a mature, responsible manner, recognizing they are role models for others, and that they are representing themselves and the FarmOn! Foundation.
4. All participants will be dressed appropriately for the event. Dress will depend on the event. If you are unsure about what is appropriate, in advance, contact the FarmOn! Foundation.
5. All participants will be considerate and courteous of all youth and adults and their property during travel, at group gatherings, and during free time.
6. All participants will respect the rights and opinions of others.
7. All participants are to refrain from the possession and/or use of illegal drugs, tobacco products, or alcoholic beverages, firearms and/or other weapons at all times. These are prohibited.
8. All participants are to refrain from romantic displays, sexual activities, and harassment either in public or private situations. These actions will not be tolerated in a no-touching policy.

Consequences: Any of the following may be used, depending on severity of the situation.

1. In mild cases, youth participant will receive a verbal warning.
2. Young person may remain at the event, but may possibly be barred from a future event.
3. Youth will be sent home at family's expense.

Photography and Information Release

The FarmOn! Foundation is granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational purposes, on its website or for the promotion of its programs.

I understand that I/my child/ward are not being compensated in any way for use of our images and that I/we do not have approval over the final product in which it appears. I hereby release the FarmOn! Foundation and all persons acting under their permission or authority from any and all

claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

FarmOn! Foundation
Permission Slip and Medical Release Form

Please Print

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

In Case of Emergency, contact _____ Phone _____

Activity: Fashion and Textile Design Forum - Various dates and locations.

Medical History

Check any and all that apply to your child: Date of Last Tetanus Booster _____

Illnesses

- Ear Infections
 Rheumatic Fever
 Convulsions
 Diabetes
 Other (specify) _____

Allergies

- Hay Fever
 Insect Stings
 Ivy Poisonings
 Penicillin
 Other (specify) _____

Current prescribed medication (specify)

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this program to be aware of on behalf of your child's welfare. Also include if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program _____

Identification/Policy # _____

Family Physician's Name and Phone Number _____

I hereby give my child permission to fully participate (subject to the restrictions noted) in the Camp FarmOn! Program on the dates and locations listed above. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.

I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date _____

Parent or Guardian

Acknowledgement of Risk Form - Youth General

I hereby apply for my child to participate in the youth program activity indicated below to be conducted by the FarmOn! Foundation an acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activity or activities and my child's participation in said activity or activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risk and dangers.

My child is in good health and is at above entering grade 8 this fall, as required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Activity or Program: Camp FarmOn!

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risk involved.

This shall be binding on my heir, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of Columbia County.

I am at least twenty-on (21) years of age I am the legal parent/guardian authorized to sign this document on behave of the child named herein.

PARTICIPANTS NAME (Print): _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT/GUARDIAN NAME (Print): _____

SIGNATURE: _____ DATE _____

This form must be kept on file until participant reaches age 21.