

Are you looking for a fun and dynamic opportunity for your children this summer?



WHEN: July 22 – July 26

TIME: 9am – Noon

WHAT AGES: 8-12 years old

WHERE: Verde Valley School

COST: From \$20 to \$70 per child per week, based upon family income.

WHAT TO BRING: Reusable water bottle

HEALTHY SNACKS WILL BE PROVIDED DAILY

Those who enroll should be ready for Adventure! Children will learn how their actions can change the world for the better, and that *they* can be Superheroes!

Explore sustainability with activities ranging from hands-on projects, art options, musical interpretations, creative movement, exploration games, and more!

Day 1: Introduction – The Circle of Life

Day 2: Supporting renewable energy

Day 3: Reducing toxics and pollution

Day 4: Restoring ecosystems

Day 5: Sustainability Fair

Camp Schedule

- 9:00-9:30 Setting the Stage + Snack
- 9:30-10:30 Sharing Time
- 10:30-11:30 Adventure Time
- 11:30-12:00 Community Conversation + Snack
- 12:00-12:15 Pick up Children

To register send registration form and check to: Gardens for Humanity • P.O. Box 1202 • Sedona, AZ 86339 or by email to info@gardensforhumanity.org. To pay by credit card online visit www.gardensforhumanity.org

SLIDING SCALE FOR REGISTRATION FEE: Annual Family Income = Weekly Fee

\$0 - \$10,000	= \$20.00
\$10,001 - \$20,000	= \$30.00
\$20,001 - \$30,000	= \$40.00
\$30,001 - \$40,000	= \$50.00
\$40,001 - \$50,000	= \$60.00
\$50,001 and up	= \$70.00

The camp is co-sponsored by the Sustainability Alliance & Gardens for Humanity. It is made possible with generous support of:

Rotary
Club of Sedona Village

Verde Valley School

For more information call: Richard Sidy 928-284-9055 or Leslie Fox 928-525-4395.

Registration Form – Sustainability Explorers Camp

July 22 – July 26, 2019

PARTICIPANT INFORMATION – Please print legibly.

Youth Name (First, Last): _____ DOB: _____ Age: _____

Gender: Female Male Grade: _____ School: _____

Home address: _____ City: _____ State: _____ Zip Code: _____

Home Phone w/area code: _____ Parent email: _____



Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Persons Authorized to pick up child: _____ (Please provide a copy of their ID)

Other Dismissal Arrangements: _____

Emergency contact: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems or food allergies: _____

Is your child on any medication? No Yes If so, please specify: _____

Contact Information: *Ms. Leslie Fox, Camp Director 928-525-4395 or Richard Sidy 928-284-9055*

Email: info@gardensforhumanity.org

PARENT STATEMENT AND SIGNATURES – Please print legibly

By signing below you agree to allow your child to participate in the Day Camp and agree to the following statements:

Liability Release and Parental Consent Form: In consideration of the acceptance of my application for the summer camp program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in said summer program. This release is intended to discharge in advance Gardens for Humanity, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

Consent of the Parent or Guardian

I give consent for my child, _____ to participate in the above summer program, and I execute the above liability release on my child's behalf.

Health Permissions: You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Photo Release: I hereby give permission to **Gardens for Humanity** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____