



Matthew 25
201 3rd Ave. SW
Cedar Rapids, IA 52404



Urban Farm Summer Camp



Join Us!

Come spend a fun week at the Cultivate Hope Urban Farm! 3rd-5th grade students are invited to join Matthew 25 to explore local foods and see up-close how plants grow. Hands-on activities will allow participants to dive in, get their hands dirty, and have fun while learning about where food comes from. Activities will include learning about growing food, creating healthy soil, composting, creating outdoor art, taking interesting field trips, and cooking nutritious, farm-fresh foods that participants harvest themselves!

2015 Camp Opportunities:

Weeklong Farm Camps for 3rd-5th graders

Monday-Friday 9:00am-3:00pm*

Session 1: June 15-19

Session 2: July 27-31

Cost: \$160 (includes activities, field trip transportation, snacks, & a T-shirt)

Limited scholarships are available upon request

*Optional extended day available (additional charge):

8:30 am early drop off & 3:30 pm late pick-up

Lunch: Participants should bring a sack lunch Monday, Tuesday, Wednesday, & Friday. On Thursday the group will prepare lunch together using fresh farm produce.

One Day Farm Camps for Kindergarten-2nd graders

One day 9:00am-3:00pm*

Session 1: Tuesday, June 23

Session 2: Wednesday, August 5

Cost: \$10 (includes activities, a snack, & a T-shirt)

Limited scholarships are available upon request

*Optional extended day available (additional charge):

8:30 am early drop off & 3:30 pm late pick-up

Lunch: Participants should bring a sack lunch. A snack will be provided.

Contributing Partners:



Camp Details:

Location of Camps: The camps will meet daily at the Matthew 25 office: 201 3rd Avenue SW, Cedar Rapids. (Transportation for participants will be provided to the Cultivate Hope Urban Farm nearby at 435 G Ave. NW, Cedar Rapids and to other field trips if applicable.)

Registration: Register using the attached form or by downloading the registration form at www.hub25.org. Please mail completed form and payment to: Matthew 25, 201 3rd Ave. SW, Cedar Rapids, IA 52404.

Registration Deadlines: Registration is due 2 weeks prior to the camp session. For a full refund, cancellations must also be made 2 weeks prior to the start date of that camp session. (Space is limited and registrations are accepted on a first come, first served basis.)

Scholarships Available: Please call 319-362-2214 or email cultivate@hub25.org for an application and more information.

More information will be sent out to campers and parents after registration and as sessions approach.



2015 Farm Camp Child/ Youth Participant Form

Child/ Youth's Name _____
 Age _____
 Grade Just Completed _____
 School _____
 Home Address _____
 Apt. _____ City _____ State ____ Zip _____
 Parent/Guardian Name(s) _____
 Parent Cell Phone (____) _____
 Home Phone (____) _____
 Parent Work Phone (____) _____
 Parent E-mail _____
 Shirt Size: Youth-Med __ Lg__ Adult-Sm __ Med __ Lg __ XL __

Please indicate preferred session:	Camp Fee	# of days for early drop-off or late pick-up	Total Fees:
Weeklong Camp Session 1 (June 15-19)	\$160	__ days \$5/day	
Weeklong Camp Session 2 (July 27-31)	\$160	__ days \$5/day	
Day Camp Session 1 (June 23)	\$10	__ days \$5/day	
Day Camp Session 2 (August 5)	\$10	__ days \$5/day	

Please completely fill out the liability information on reverse side and return to Matthew 25 with payment. (201 3rd Ave. SW, Cedar Rapids 52404)

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2015 Farm Camp Child/ Youth Participant Form

Liability Release

I, _____, (print name) do hereby release, forever discharge and agree to forever hold harmless Matthew 25 and any related agency, and the directors, employees, volunteers, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned that occur while participating in activities sponsored by Matthew 25. Furthermore, I hereby assume all risk of said personal injury, sickness, death, damage and expense as a result of participation as above set forth. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, officers, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Medical Release

If I am unable to do so, I, _____, (print name) authorize _____, (print name of an adult from school or organization) to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of my volunteer or activity time at Matthew 25 in Cedar Rapids, Iowa, including the time of commuting to this volunteer position or activity time.

Home Physician: _____ Phone (____) _____

Medical Insurance Provider: _____ Phone (____) _____

Policy Number: _____ Group Number: _____

Allergies/Medical Concerns: _____

Medications: _____

In case of emergency, contact: Name _____ Relationship _____

Address: _____ Phone: (____) _____

Photo, Email, & Transportation Release (Check no to decline; left blank means you are marking yes.)

Check **NO** _____ to decline permission for Matthew 25 to use any photos taken of me during my participation in the organization's sponsored activities in future publications and advertisements without charge.

Check **NO** _____ to decline being sent email communications about future programs and activities of Matthew 25.

Check **NO** _____ to decline permission for your child to be transported to and from farm camp activities by Matthew 25 staff. (If you check no, you will be responsible for providing transportation.)

Parent's name (print): _____

Signature: _____ Date: _____

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