



School of Horticulture

1A 415 51st Street
Saskatoon SK S7K 6V4
306-931-GROW (4769)
growyourfuture@gmail.com
www.saskhort.com



Jr. Master Gardener Kids Camp

The Junior Master Gardener Program is an interactive, innovative program to introduce children to the art and science of gardening! Through this program, our next gardening generation will learn about: environment; plants and how they grow; flora, fauna, soil and water interactions; and much more!

The Junior Master Gardener Kids Camps are geared to initiate a passion for the green and growing, and cultivate that passion with future events and activities in children ages 8 to 13. The campers will engage in hands-on activities to learn about all facets of the world of gardening.

Activities and lessons will be gauged to teach about:

- Plant Growth and Development
- Soils and Water
- Ecology and Environmental Horticulture
- Insects and Diseases
- Landscape Horticulture
- Fruits and Nuts
- Vegetables and Herbs
- Life Skills and Career Exploration

Once each component is completed, the child will have completed one level of the program. To become a certified Jr. Master Gardener, all four levels of the program must be completed along with a component of community volunteerism. One full week of Camp will complete one level of the Junior Master Gardener Program.

The levels of the Junior Master Gardener Program are:

- Level 1 – Seed
- Level 2 – Leaf
- Level 3 – Flower
- Level 4 – Tree

Upon completion of all four levels, an individual would be a certified Jr. Master Gardener!

Please return the attached Registration Form as well as full payment to the Saskatoon School of Horticulture to enroll your child in the Jr. Master Gardener Kids Camps!



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Jr. Master Gardener Kids Camp Registration Form

Camper Information

First Name: _____ Last Name: _____

Gender: Male Female Date of Birth (mm/dd/yyyy): _____

Health Card Number: _____

Contact Information

MAIN CONTACT Relationship to Child: Parent Guardian Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

SECONDARY CONTACT Relationship to Child: Parent Guardian Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Additional persons authorized to pick up my child:

1. _____ 2. _____ 3. _____

Camp(s) To Attend: \$250 per week

July 9 – 13 July 16-20 ___ Before & After Program (additional \$50 per week)

Camper Health Information

Please describe in detail any treatment or specialized support required for the duration of camp -- please include any allergies or conditions we should be aware of, and their treatment should either occur. Detail any activities your child is restricted from participating in at camp. Please also add anything else you would like us to know to help your child have a positive camp experience. Please attach an additional sheet if required.

Code of Conduct and Waiver of Liability

Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions. While under the leadership of skilled staff, the activities that your child will engage in as a participant at Jr. Master Gardener Kids Camp involve risk – in choices made and physical activity undertaken by the participant. As a condition of being allowed to participate in a Jr. Master Gardener Kids Camp program, you warrant the participant is in good physical and mental health and that the participant shall not consume any substances which would impair the participant's senses at any time during the program. A participant's possession or consumption of alcohol, tobacco products or illegal or harmful substances or objects will result in immediate dismissal from the program. You agree that no refunds will be granted for participants dismissed from camp for possession or consumption of these substances. You agree that intentional participant behavior that puts the camper or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the Saskatoon School of Horticulture. Expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.

I, the undersigned, permit participation in a full range of activities and authorize the Saskatoon School of Horticulture or his/her appointee, in the event of accident or illness, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the participant. Such action is to be taken only when immediate contact with the undersigned cannot be made.

Parent/Guardian Signature	Printed Name	Date (mm/dd/yyyy)

Photo and Video Consent, Assignment and Release Form

By signing below, you are consenting to the taking of photographs and/or video recordings of you/your child by the Saskatoon School of Horticulture for the purposes of marketing, advertising, promotional, publicity and/or communication purposes. You are assigning to the Saskatoon School of Horticulture, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the Saskatoon School of Horticulture for the purposes stated.

Parent/Guardian Signature	Printed Name	Date (mm/dd/yyyy)

Parent/Guardian Authorization

I, the undersigned, permit participation in a full range of activities and authorize the Camp Director or his/her appointee, in the event of accident or illness, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the participant. Such action is to be taken only when immediate contact with the undersigned cannot be made.

Parent/Guardian Signature	Printed Name	Date (mm/dd/yyyy)