



A fun, informative, and "hands-on" camp for kids entering 3rd through 6th grade in the Fall of 2008

Date: Friday, June 26, 2008

Time: 9:00 a.m. - 3:00 p.m.



Location: Page County Fairgrounds, Clarinda

Cost: \$15 per child (lunch provided)

Pre-Registration Due: June 19, 2008

Rural Farm Safety
Smoke Trailer
Farm Machinery Safety

Topics to be covered:
Grain Safety
Lawn Mower Safety
Chemical Safety

Hidden Hazards
Bike Safety
Home Alone Safety



Registration Form

Name _____ Sex _____ Grade _____ T-Shirt Size _____

Street Address, City, State, Zip _____

Parent/Guardian Name _____

Phones: Home _____ Work _____ Cellular _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Allergies: _____

Special needs and/or medications to be taken during camp: _____

Please make checks payable to Operating Fund and mail to either:

Page County Extension Service
311 E. Washington
Clarinda, IA 51632

Montgomery County Extension Service
400 Bridge St., STE 2
Red Oak, IA 51566



Return registration form and payment by **June 19** to guarantee receiving a *Progressive Farmer* Farm Safety Day Camp t-shirt.

Please sign the consent form on back! Participants may not attend without signed forms.




State Farm™
**Progressive Agriculture Safety Day™
2008 Release and Consent Form II**

- 1) **I give my permission for the child listed below to attend the Progressive Agriculture Safety Day™.** I understand that one of the purposes of the Progressive Agriculture Safety Day™ is to teach participants to stay safe around farm sites, farm equipment, and farm animals. During safety day, safety barriers will be in place, safety rules will be enforced, and participants will be closely supervised by safety day instructors and group leaders. However, I acknowledge that there is the possibility of accidents. I release the coordinators, instructors, volunteers, sponsors, the Progressive Agriculture Foundation, and the Progressive Agriculture Safety Day™ program from all claims, in the event of injury to my child, unless the injury is the result of gross negligence or willful misconduct on the part of these parties.
- 2) **First aid will be available at the safety day and medical and/or hospital care will be provided in case of serious illness or injury.** I understand that if serious illness or injury occurs the emergency contact(s) listed below will be notified. If it is impossible to reach the emergency contact(s), I give permission for emergency treatment as recommended by the attending physician.
- 3) **I give my permission for photographs, audio, and video to be taken of my child** while engaged in safety day activities and for these images to be used by the Progressive Agriculture Foundation and the Canadian Agricultural Safety Association to promote safety in the media, on our websites, and in promotional materials.
- 4) **I understand that my child my child might be asked to complete a written knowledge test before and after the safety day** to help evaluate the effectiveness of the Progressive Agriculture Safety Day™ program. Participation is voluntary, and my child may choose not to participate. I give permission for my child to participate in these evaluations.

10/03/06

I have read and agree to the above information. [Note: If you do not give permission for all or part of items 2, 3, or 4 simply mark through and initial the statement(s) that you do not agree to. However, if you do not agree to item 1, your child cannot attend the safety day.]

Parent/Guardian Signature _____ Date _____

Please print the following:


Name of Parent/Guardian _____

Name of Participant _____

Participant's age _____ Grade in school _____ Participant is: Boy Girl

Does this participant: Live on a farm or ranch Work on a farm or ranch Visit a farm or ranch

Address _____

City _____ State/Province _____ Postal Code _____

Area Code _____ Phone Number _____

Emergency Contact 1 _____ Emergency Phone Number(s) _____

Emergency Contact 2 _____ Emergency Phone Number _____

Would you like to receive information on the Progressive Agriculture Foundation and how you can help keep your child safe? Yes No Would you like the information by mail? _____ Or e-mail? _____

E-mail address _____