

GARDEN N' GROW

FOR 4-H youth age 9-13

Buchanan County Extension Office

10 week program beginning in May 2010

In the GARDEN N' GROW program, youths learn not only vegetable gardening, but also "cultivate" other science, math, and language arts skills and have fun! The goals of the program are to experience the fun of gardening, to enjoy a feeling of success, and to have the satisfaction of sharing harvested food with others in need. Vegetables harvested from the gardens are for home use and donation to local food agencies.

Each gardener is teamed up with another to plant a theme garden like a:

Salsa garden



Weird garden

Sunshine garden



Guided by adult volunteers from MASTER GARDENERS, development of the whole child is emphasized as well as team building as they garden with a partner. Adult leaders use cooperative teaching skills to educate youth about seeds, transplants, garden planning and design, site preparation, soils, plant growth and development, costs of production, garden pests, plant health care, human nutrition, food value, food needs in the local community, and horticultural career opportunities. Each adult volunteer is trained by University of Missouri Extension

Application is due by May 1st so supplies may be obtained.

Contact Buchanan County Extension Office:
816-279-1691 to let us know if you are interested.

This program is funded by a grant: all supplies, equipment, plants are provided along with journal and t-shirt.

University of Missouri Extension does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability or status as a Vietnam-era veteran.



May 24 and 27 : 6-7:30 p.m.
June and July will met on Mondays and
Thursday: 9-10:30 a.m.

4125 Mitchell Avenue
St. Joseph, MO 64507
816-279-1691

UNIVERSITY OF MISSOURI
 Extension
Master Gardener

Garden-N-Grow Program
University of Missouri Extension
May 24th through July

UNIVERSITY OF MISSOURI 4-H YOUTH DEVELOPMENT PROGRAMS
YOUTH HEALTH STATEMENT AND PARENTAL CONSENT/ACTIVITY/EVENT ACCEPTANCE FORM

Name of Child _____

Address _____

City _____ ST _____ Zip _____

Male _____ Female _____

Date of Birth _____

Grade entering as of Aug/Sept 2010 _____

Family Information

Father: _____

Address if Different from above:

Phone: _____

Mother: _____

Address if different from above:

Phone: _____

Circle T-Shirt Size: Child: S M L XL

ADULT: S M L XL

Event _____ Dates Event _____

Name _____ Age ____ M ____ F ____

Birth date _____ County of Membership _____

Address _____ City _____ State _____ Zip _____

Home # () _____ Work # () _____

Insurance Company Name: _____

Group/Policy Number _____

If parent/guardian cannot be reached, list two other people to contact:

Name _____ Relationship _____

Home # () _____ Work # () _____

Name _____ Relationship _____

Home # () _____ Work # () _____

1. Will your child be bringing any type of medicine to this event? ____
 Yes ____ No

If yes, give type and instructions _____

2. Does your child have any allergies? ____ Yes ____ No

If yes, Explain _____

3. Describe any special needs (medical, physical, or mental challenges) _____
 officials should be aware of in making this program safe and accessible for your child.

Explain _____

4. Does your child have any special dietary needs? Explain: _____

5. Does your child have any other restrictions or needs, not described above? _____

6. Last tetanus immunization _____ Family doctor _____

Phone #(office) () ____--____(home) () ____-

7. May your child be given pain relievers (such as Tylenol, Motrin, etc.)? ____
 Yes ____ No

If necessary, I do approve of officials taking my child, _____ to the nearest doctor or hospital. I further understand that should a health problem arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

I understand if I do not have this health statement and consent form notarized, it could cause delay in the treatment of my child.

4-H ACTIVITY/EVENT ACCEPTANCE

Educational events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants (adult and youth) must observe the following guidelines for conduct:
 Participate fully in all sessions.
 Show respect for property and facilities used during the activity and assume financial responsibility for any damage they cause.
 Observe the established schedule, including being in their own rooms at the announced curfew.
 Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All other participants, guests, chaperons, and visitors should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations, etc. are prohibited.
 No alcohol, stimulants, non-prescription drugs or tobacco products will be allowed.

We understand and accept the responsibility for following the above guidelines, and understand that failure to do so will result in dismissal from the event or activity. Further, we accept financial responsibility for damages to property or materials, travel costs, and/or program costs which might result from violation of this agreement. I understand and agree that in consideration of the acceptance of my child in these activities, I release the 4-H, the Curators of the University of Missouri, their respective officers, agents, and/or employees from all liability and loss (including court costs and attorney fees), resulting from any property damage, personal injury and bodily injury, including death, to me or my child, which is caused or claimed to be caused, in whole or part, by the negligent acts or omissions of the 4-H, the Curators of the University of Missouri, their respective officers, agents, and/or employees. I will be bound by all rules and regulations while participating in said events.

Child Photo Authorization

I _____ authorize the University of Missouri to make pictures and sound recordings of my child/children _____ and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements. The University of Missouri is not responsible for third party photographs.

Date: _____

Signature of Parent/Guardian: _____
