



PO Box 2674
Ruston, LA 71273
318.521.4998
CAMPTIFIELDOFDREAMS.NET



DREAMS Family and Friends,

Do you love the outdoors? Are you interested in farming or gardening? Want to put some money in your pocket?

We are pleased to announce our fall youth Agripreneurship program for those between the ages of 11 and 18. The program combines Regenerative Agriculture with Entrepreneurship. Participants will learn the how to:

- Start a vegetable garden
- Develop a business
- Apply science to life

Interested youth are invited to register for the enrichment program by completing the attached application form. The program is FREE. Class size is limited to 15 participants. To register, participants may apply online at www.camptifieldofdreams.net, email a completed application to donna@camptifieldofdreams.org, or submit an application at the Natchitoches Parish Library Northeast Branch in Campti as soon as possible to reserve your space.

The program will be held on Fridays from Friday, October 22, through Saturday, December 18 at 4:00 pm – 5:30 pm. The program is designed to introduce youth to the opportunities and assistance available to start an agriculturally based business in their backyard. The program is hosted by Campti Field of Dreams in partnership with USDA Natural Resources Conservation Service.

For more information, contact: Donna Isaacs, 318-521-4998, donna@camptifieldofdreams.org.

Please Note:

1. Snacks and water will be provided. Please notify us of special dietary requirements.
2. Rubber boots and gloves are required for farm tours.



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2021 Fall Youth Agripreneurship Program
October 22 – December 18, 2021
(11 – 18 years old)
 Program Registration Form

Name of Student _____

Date of Birth ____/____/____ Age _____ School student attends _____

Circle Grade level student most recently passed: **6 7 8 9 10 11 12**

Parent(s) or legal guardian

Name: _____

Address: _____

Home Phone#:(____) _____ - _____ Work Phone#:(____) _____ - _____

Email: _____ Emergency Contact: _____

Emergency Contact Phone Number: (____) _____ - _____

Does your child have any allergies? Yes No

If Yes what are they? _____

My child has permission to go on field trips organized by Campti Field of Dreams, Inc.: Yes No

Individuals authorized to pick my children up:

Parent/Guardian Signature: _____ Date Signed: _____

Medical

I give permission to the Campti Field of Dreams’ agripreneurship program to take whatever emergency measures are judged necessary for the care and protection of my child(ren) while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations the DREAMS staff will need to contact the local emergency resources before the parents/guardians, the child’s physician, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child’s family.

Parent/Guardian Signature: _____ Date Signed: _____



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Picture/Video Policy

I give permission to the DREAMS program to publish any or all pictures/videos of my child, _____, taken during the duration and conducting of this program.

Parent/Guardian Initials: _____ Date Initialed: _____

Field Trips

I give permission for my child, _____, to participate in field trips during the course of the DREAMS program.

I understand that my child will be under the direct supervision and care of the DREAMS program staff. I will not hold the DREAMS program staff, volunteers, or Campti Field of Dreams responsible for any injuries or loss of property which may be sustained by my child as a direct or indirect result of participating in the DREAMS program.

Parent/Guardian Initials: _____ Date Initialed: _____

Transportation Liability

I understand that my child, _____, will be transported at times in the DREAMS program for field trips and other special circumstances. While en route, the child will be under the direct supervision of the driver and will be subject to all regulations set for the safety of the child. I will not hold the driver, DREAMS program staff, and volunteers, or Campti Field of Dreams, Inc. responsible for any injuries or loss of property, which may be sustained as a direct or indirect result of this service.

Parent/Guardian Signature: _____ Date Signed: _____
