

Dear youth participants and families,

Welcome to Hidden Villa's after school Animal Husbandry Apprenticeship! We are excited for you to join us for a session full of hands-on fun and discovery.

In this welcome packet, you will find three important forms:

Consent Form
Health Form
Behavior Expectations Contract

These three forms are **required** for your teen to participate in the Apprenticeship. **They must be completed, signed, and returned 14 days prior to the program start date.** Forms may be scanned and emailed to camp@hiddenvilla.org or submitted by mail:

Hidden Villa Attn: Leslie Luck 26870 Moody Road Los Altos Hills, CA 94022

This packet also includes additional **Program Information**, a list of **What to Bring**, a **Sample Schedule**, and **Site Map**, which outlines where to drop-off and pick-up your teen each day. A program schedule and syllabus will be given out on the first day.

For questions regarding forms, programs, or scholarship opportunities, please contact our Admissions Manager, Leslie Luck, at 650-949-8641 or by email at camp@hiddenvilla.org.

We look forward to seeing you soon!

Sincerely, The Hidden Villa Youth Development Team Maranda, Jordan, Ke'ili, and Nikki

Participant/Guardian Consent Please return 14 days before the program start date.



Participant's Name:	Session:	Dates:	Age:
PAYMENTS/FORMS: All forms and final payment or by mailed check. Forms may be mailed to Hid 94022 or scanned and emailed to camp@hidden. our online registration system ort notify us by example of the control of the co	dden Villa, Attn: Leslie L villa.org. If you need to d	uck, 26870 Moody Road	d, Los Altos Hills, CA
REFUND POLICY: \$75 of the tuition is a non-refute program, you will receive a full credit, minus from the start of the program, 50% of the tuition	the \$75 non-refundable of	leposit. If cancellation is	s made two weeks or less
SIGN-IN & SIGN-OUT: I (participant 18 or over a minor participant, I (guardian) will sign-in a			
AUTHORIZATION FOR SIGN-IN & SIGN authorize this participant to sign-in and sign-oprogram start time, I will receive a call from a	out themselves. In the ev		
Parent/Guardian:		Date: _	
As guardian, in addition to myself, I authorize participant. Please include the names of any ac			-in or sign-out this
Name:	Relationship:	Phone:_	
Name:	Relationship:	Phone:_	
Name:	Relationship:	Phone:	
SUSPENSION: In the case of suspension of a mine participant up immediately with no refund give prior to the program start.			
PROHIBITED: The use of drugs, alcohol and cigare grant immediate suspension.	ttes is strictly prohibited a	and the use or possession	n of these substances will
WAIVER AND RELEASE LIABILITY: Hid occurring during program. As a participant 18 for Hidden Villa or its staff liable for any pershold harmless the Trust for Hidden Villa and it participation in programs and that these terms	or over, or as guardian o onal injury, property dan ts staff from all liability	f my youth, I agree tha nage, loss or insurance. incurred as a result of r	t I will not hold the Trust I agree to release and ny, or my youth's,
ABILITY TO ENGAGE IN ACTIVITIES AN	ND ASSUMPTION	OF THE RISK: Pro	gram activities, including
walking on earthen trails, interacting with livestor involve some risk to participants. The Trust for I healthy, and enjoyable experiences. I warrant that directions in any and all activities offered at Hide exist and that I attend, or have allowed my youth personal injury.	ck, and working with too Hidden Villa takes all poss t I am, or my youth is, ful den Villa. I acknowledge	ls such as shovels, can b sible precautions to redu ly capable of participati that risks from participat	e physically strenuous and ce risk and provide safe, on and able to follow tion in program activities
SIGNATURE REQUIRED: I have read and agree	to Hidden Villa's policie	s as written above.	
Norma (Postioinant)	Q:		Det-
Print Name (Participant)	Signature	;	Date
Print Name (Parent/Guardian of a Minor)	Signature	2	Date

Health Form



ALL INFORMATION IS CONFIDENTIAL

This form must be filled out by a participant 18 or over, or the guardian of a minor participant. This form is only valid with the signature of a participant 18 or over, or a minor participant and guardian.

Participant's Name:	Birthdate:	Sex:	Gender:	Age:
Parent/Guardian:		Primary a	:	
Home Address:		Secondary	3 :	
City, State, Zip Code:		Email:		
Second Parent/Guardian:		Primary 🖺 :		
Home Address:		Secondary	a :	
City, State, Zip Code:		Email:		
Other Local Emergency Contact: Must be DIFFERENT from parents/guardians		Primary N	umber:	
Health History Have you experienced: Diabetes Heart Disease Epilepsy Asthma Bleeding/Clotting Disorders Other: Has a doctor prescribed you Epinephrine/and Have you experienced a reaction requiring I List any current or past physical or mental have you experienced a reaction requiring I	Epi-pen? Fo	f so, what kind?)_hat kind?)or what allergen?		
Is there any additional health information or	r special considerations	that you would li	ke us to know ab	out?
IMPORTANT – THIS athorization for treatment of a minor: In the every ected by Hidden Villa staff to secure and admin rmission to Hidden Villa staff to provide routine ated transportation for my youth. This complete ow, and the person herein described has permissing X Print Name (Participant)	ent I cannot be reached for nister treatment, including health care (first aid) for to d form may be photocopic on to engage in all program	or an emergency, I hospitalization, for the person named a ed for trips off site mactivities except	hereby give perm or the person name bove, and to provide. This health history	ission to the physiciand above. I hereby givelenge or arrange necessary is correct so far as
Y Name (Participant)	ı	Signature		Date
Print Name (Parent/Guardian of a Mi	inor)	Signature		Date

Behavior Expectations Contract



At Hidden Villa, we strive to create a learning environment that is enjoyable, supportive, and respectful. The following agreements are the foundation of Hidden Villa's culture. We encourage you to discuss these agreements with your students or youth group prior to you visit.

1. Take Care

As a team, we take care of ourselves, each other, and the environment. We agree to use positive, supportive language and actions with our peers, teachers, and group leaders. We respect the plants and animals at Hidden Villa, and we leave each place better than we found it.

2. Challenge Yourself

We all have "learning edges" where we step out of our personal comfort zone to challenge ourselves. Whether meeting a new animal or speaking in front of the group, now is your chance to try something new! We encourage you to fully participate in all activities.

3. Have Fun!

We encourage you to pursue your passions, indulge your senses, and inspire your curiosity. Discover what makes you laugh and what brings you peace. If you need help or feel sick, please tell a staff member. We are here to support you!

Responses to Expectations Contract Infractions

Most youth thrive within Hidden Villa's positive learning environment. When youth behavior is inappropriate or unsafe, our discipline program is based in respectful communication. The steps we take are as follows:

- 1. Youth and staff discuss the situation, make a **verbal agreement** defining the desired behavior, and establish any natural consequences as applicable.
- 2. If the problem continues, youth and staff member create a **written contract**. This will be followed by a call home.
- 3. If the behavior is still unresolved, the youth's parent/guardian will be contacted and s/he will be **sent home**.

If the staff feel it is necessary to send a student home for any reason, then their parent, guardian, or emergency contact person is obliged to pick up the student immediately, at their own expense and with no refund given. We reserve the right to send a student home without completing steps 1 and 2, depending on the severity of the situation, as deemed necessary by the Program Manager.

I agree to meet the expectations outlined above during my program at Hidden Villa. I will take accountability for my actions and participate in any responses to actions breaking this contract.

X			
	Print Name (Participant)	Signature	Date
X			
	Print Name (Parent/Guardian of a Minor)	Signature	Date

Program Information



<u>BE ON TIME:</u> Please honor the time of your fellow participants and arrive **10 minutes before** the start of each program session to use the restroom and prepare yourself for the day. If you are sick or will not be attending that day, please call us at 650-949-8641 to let us know at least 30 minutes before the start of program.

DRIVE CAREFULLY: Please drive within the posted speed limit (5 mph) and obey all traffic signs. Yield right-of-way to all pedestrians and program participants.

<u>SIGN-IN:</u> Begins 10 minutes before the start of each program day. <u>Minors must be signed-in by an authorized adult, or be authorized to sign themselves in (on the Participant/Guardian Consent form). In the event a minor is not present within 15 minutes of the program start time, a phone call will be made to the primary parent/guardian to confirm their safety.</u>

<u>SIGN-OUT:</u> Within 15 minutes of program ending time, minors must be signed-out by an authorized adult, or be authorized to sign themselves out. Participants will not have cell phone access during programming; please plan accordingly.

SPECIAL ACCOMODATIONS: Please advise us of any needs you/your youth may have and ways we may best accommodate those needs at the bottom of the Health Form.

What to Bring

Backpack or Daypack to hold water, extra clothing, and other supplies.
Water Bottle to stay hydrated. We recommend a reusable, 1-liter bottle.
<u>Comfortable Clothing</u> that you don't mind getting dirty. Make sure that you wear long pants and boots or sturdy sneakers at all time (no sandals). During the cooler months, be sure to bring an extra warm layer for sudden temperature changes at dusk.

<u>Electronic devices (including cell-phones) are NOT allowed</u> during programming. However, you are invited to bring a separate camera.

<u>Hidden Villa is a smoke-free environment.</u> Possession of cigarettes, drugs, or weapons will grant immediate suspension.

Sample Schedule



An Afternoon in the Life of an **Animal Husbandry Apprentice**

3:55 Apprentices Arrive

Prepare yourself for the afternoon: let go of the day's pressures, fuel up, use the restroom, or coordinate your transportation home so you can focus and fully engage with your group. Our production animals are perceptive to our level of energy; it's our challenge to give them the attentive and thoughtful care they deserve!

4:00 Opening Circle

Personal check-ins, relevant farm updates, and a five minute activity will give our group a chance to connect before we tackle the farm responsibilities.

4:15 Animal Care Training

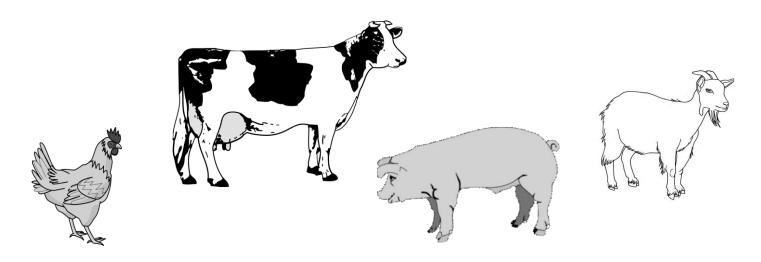
During the first two weeks of the session, our whole group will rotate between the three animal chores on Hidden Villa's farm. Each chore will care for two to three flocks or herds of livestock. After this in-depth introduction to each chore and the animals that comprise them, apprentices will choose one chore to train in for the final few weeks of the session. Apprentices will become experts in the care of the animals of their choice, while using spare time to develop relationships with animals outside of their chore.

5:45 Curiosities Think Tank

Bring your questions and individual research together to develop a picture of how each production animal is contextualized in a sustainable food system.

5:50 Closing Circle

Check-outs for the day: What were your Rose, Bud, and Thorn? Share the highlight of your day, something you are looking forward to, and a challenge.



Hidden Villa Site Map



Animal Husbandry participants will meet in the conference room of the Wolken Education Center.

Please park in the program parking lot, as shown below. Guardians of a minor, please be prepared to sign your youth in and out at the start and end of each program day.

