



2023 Bloom Camp Registration

Bloom Camp is a collaboration between enCourage Advocacy Center, Prairie Loft, and Hastings College. We are offering one session of camp for kids of all genders and two sessions for girls who will be in middle school for the 23-24 school year. Bloom defines “girl” as youth who identify as girls, including those who are trans, femme, and non-binary. The curriculum focuses on building confidence and connection - with both self and others - in a natural outdoor setting. The goal of this camp is to support girls in developing a strong sense of authentic self, healthy relationships, and community.

We want to inspire youth in our community to *bloom* into their best selves.

Two sessions are available:

- **Session I (for kids of all genders):** July 10, 11, 12, 13, 14 (1-5pm)
- **Session II (for girls only):** July 24, 25, 26, 27, 28 (1-5pm)
- **Session III (for girls only):** July 31, August 1, 2, 3, 4 (1-5pm)

Each day of this five-day camp will take place at Prairie Loft and will include:

- Circle Time: A safe place for participants to share their thoughts, questions, and feelings
- Active Learning: Exposure to fun, movement, creative art, and cooperative activities to promote respect and appreciation for self, others, and nature
- Facilitation of setting and working toward personal and group goals
- A lesson based focused on healthy friendship
- A nutritious snack

Registration Fee: \$150 (Special reduced cost thanks to donors; unlimited scholarships available).

Register by completing this form and emailing it to bloom@encouragecenter.org. Payments can be made online via the enCourage website’s “Donate” button; please include “Bloom Camp Payment” in the “Additional Information” section of the donation form.

Enrollment is **limited to 12 youth per session**. At least four adults, including enCourage and Prairie Loft Staff, will be present each day. Registered families will receive further info prior to camp from bloom@encouragecenter.org.



Prairie Loft Center for Outdoor and Agricultural Learning is located just west of Hastings at 4705 DLD Road.
Please email this completed form to bloom@encouragecenter.org.

Which session would you prefer your child to attend?

Session I: July 10th through 14th ____ **Session II:** July 24th through 28th ____

Session III: July 31st-August 4th ____

If your preferred session is full, would you like your child to attend the alternate session? ____

Child's Name _____

Birth Date ____ / ____ / ____ Gender _____

Pronouns (pronouns are the words people can use to refer to us when they don't say our name; for example, she, he, they, them) _____

Parent/Guardian 1: Relationship to child _____

Name _____

Address _____

Primary Daytime Phone (____) _____ cell work home (circle one)

Alternate Daytime Phone (____) _____ cell work home (circle one)

Email address _____

Parent/Guardian 2: Relationship to child _____

Name _____

Address _____

Primary Daytime Phone (____) _____ cell work home (circle one)

Alternate Daytime Phone (____) _____ cell work home (circle one)

Email address _____

Local Emergency Contact (authorized to act on behalf of parent(s) if they cannot be reached)

Name _____ Phone (____) _____

Relationship to child _____

Health Information

List allergies, sensitivities, physical/cognitive conditions, or other health issues that program leaders should know about.

Parent/Guardian Authorizations

My child (or ward) has permission to participate in the camp activities during the sessions and programs in which they are enrolled. I understand that outdoor activities may have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants.

I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in camp activities.

I understand that I will be notified as soon as possible in case of any emergency, unusual illness, or injury affecting my child. In the event that I cannot be reached, I hereby authorize the alternate contact people to act on my behalf and authorize the camp to contact a physician if necessary. I hereby give camp staff and volunteers permission to provide appropriate routine and emergency care for my child.

I understand that my child may appear in photographs or videos while participating in camp activities. Prairie Loft or enCourage may use the photo or film for publicity, promotional, or educational purposes.

Optional: If you do not want your child's photograph used by enCourage or Prairie Loft, initial here: _____

Parent/Guardian Signature _____ **Date** ____ / ____ / ____