



Progressive Agriculture Foundation®

Progressive Agriculture Safety Days®

Dear Parents,

Jan Schaffner
608-606-9454

The 20th Annual Progressive Agriculture Safety Day is July 27th, 2017 at Buffalo County Fair Grounds from 9:00 a.m. until 2:00 p.m. in Mondovi WI.

Carl Duley
608-685-6256

The Safety Day will be a fun filled day of learning for Kindergarten thru Sixth grade. Open to all children, farm and non-farm from Buffalo, Trempealeau, and Pepin Counties. Planned events are:

Jon Zander
608-606-1213

- *Meth Education
- *Water Safety
- *Domestic Animal Safety
- *First Aid Tips
- *Farm Equipment Safety
- *Home Alone Safety
- *Chemical Safety
- *Food Safety

Chris Jumbeck
608-687-3351

Sarah Slaby
608-323-3005

Each participant will receive a Safety Day t-shirt, lunch, a goodie bag filled with safety items, professional and age appropriate safety information. The cost is just \$5.00 per participant. Parents are encouraged to attend with their child(ren). If you choose to stay and participate, please include the registration form and fee for yourself as well.

Darin Gray
715-926-3656 ext 1337

Registration forms are due **July 7th**. Do **NOT** return the form to school. Mail your registration form & payment to:

Adam Trunzo
715-538-2311 ext 210

Jan Schaffner
W645 Joos Valley Rd,
Fountain City WI 54629.

Steve Okonek
715-538-1963

The Safety Day is limited to the first 150 participants. The Safety Day fills very fast, mail your registration today! A confirmation letter will be mailed prior to the Safety Day. The Safety Day will be held rain or shine.

Kayla Marsolek
715-495-6287

If you have any questions, please feel free to contact any of the committee members listed on the side.

Jamie Back
715-797-0802

Sincerely,

Jan Schaffner

Jan Schaffner
608-606-9454 Cell

Progressive by Nature. Safety by Design.



PROGRESSIVE AGRICULTURE SAFETY DAY

Thursday, July 27, 2017

9:00 a.m. – 2:00 p.m.

Buffalo County Fair Grounds – Mondovi, WI

Registration Form

Name _____ Age _____ Grade _____

Address _____ School attending _____

City, State, Zip _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____
Work Phone _____

Emergency Contact _____ Phone _____
(for July 27)

Family Physician _____ Phone _____

My child is allergic to _____

My child should not be given the following over-the-counter medications:

My child has the following special needs:

I/we plan to attend with my children and have enclosed \$5 per adult _____ yes _____ no

or

I would like to volunteer for the safety day _____ yes _____ no

(Volunteers do not need to enclose \$5)

Please circle t-shirt size: Youth S, Youth M, Youth L,
Adult S, Adult M, Adult L, Adult XL, Adult 2XL, Adult 3XL

Insurance is provided on the safety day by the Progressive Agriculture Foundation.

**Please make check or money order for \$5.00 payable to Progressive Agriculture Safety Day. Parents are encouraged to stay and attend the sessions with children, if possible. There is a \$15.00 maximum per family charge. Safety Day held rain or shine.

Any questions, please call Jan Schaffner 608-606-9454 Cell jan.schaffner@outlook.com

Return registration form, release form, and payment by **July 7th** to
Jan Schaffner, W645 Joos Valley Rd, Fountain City WI 54629

PLEASE SIGN UP TODAY
SAFETY DAY IS LIMITED TO THE FIRST 150 CHILDREN!

Progressive Agriculture Safety Day® 2017 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 on farms, ranches and at home with a variety of age-appropriate lessons. During the 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 to promote safety in the media, social media, on websites, and in promotional materials.

4) **I understand that my child might be asked to complete a written knowledge survey 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.

6/30/2016

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 _____

Printed Name of Parent/Guardian _____

Name of Participant _____

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

Address _____

City _____ State/Province _____ Postal Code _____

Phone Number _____ Email Address _____

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

Emergency Contact 1 _____ Emergency Phone Number(s) _____

Emergency Contact 2 _____ Emergency Phone Number _____

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Buffalo County Fair Grounds, Mondovi WI

PERMISSION TO PICK UP CHILDREN

Child's name _____

My child will be picked up by _____

Parent/Guardian signature _____

Emergency contact number _____

Please let us know if there are any special circumstances: