

**Sawgrass Nature Center's**  
**"CAMP WILD"**  
***Camp Wild Counselor Application***

Counselor's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade Completed \_\_\_\_\_

Parent(s)/ Guardian's Name(s) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cellular/Pager \_\_\_\_\_

E Mail: \_\_\_\_\_

Work Telephone for Mother \_\_\_\_\_

Work Telephone for Father \_\_\_\_\_

Name of Additional Contact \_\_\_\_\_

Additional Contact Home Telephone \_\_\_\_\_

Additional Contact Work Telephone \_\_\_\_\_

Cellular/Pager \_\_\_\_\_

Additional Contact Information;

\_\_\_\_\_

Do you give permission for your child to come and go from camp on their own?

Yes       No

If no, who is authorized to pick up your child (please include yourself)?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

How did you hear about Camp Wild? \_\_\_\_\_

**MEDICAL INFORMATION**

Physician and /or Health Care Facility \_\_\_\_\_

Telephone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Special Medical Accommodations or Concerns  
\_\_\_\_\_  
\_\_\_\_\_

For Headaches or insect bites, you may administer:

- Children’s Tylenol     Tylenol     Children’s Benadryl
- Other \_\_\_\_\_
- Prescribed Medications (see statement titled Health Care \*)

**RELEASE (PLEASE READ, SIGN AND DATE)**

I, the undersigned, in my individual capacity as parent or guardian of \_\_\_\_\_, age, \_\_\_\_\_

being a minor child, hereby release and hold harmless The Sawgrass Nature Center & Wildlife Hospital, its officers, employees, instructors, and supervisors from any and all liability or damages, both personal and property, arising out of or as a result of said minor child’s attendance at the Sawgrass Nature Center’s Camp Wild. I assume all risks, incident thereto with the respect to myself and to any other individuals for whom this registration is made.

\*I give permission for the Sawgrass Nature Center, its officers, employees, instructors and supervisors to provide routine health care, administer prescribed medications, and seek medical treatment if an incident arises.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Media Release (Please Read, Sign and Date)**

I \_\_\_\_\_ give my permission that my child may be filmed/photographed/interviewed during camp and The Sawgrass Nature Center & Wildlife Hospital may use my child’s photograph/work/voice for promotional and educational purposes.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Counselor Agreement

I \_\_\_\_\_, (print your name) agree to adhere to all Camp Rules and Regulations and I understand that any infractions may result in me being asked to leave the Camp.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please bring or mail application to the:  
Sawgrass Nature Center  
3000 Sportsplex Drive, Coral Springs, FL. 33065**

For more information please call the Center at (954) 752-WILD or email Robin at [sncrobin@aol.com](mailto:sncrobin@aol.com)

- SESSION 1** (JUNE 13 – JUNE 17)
- SESSION 2** (JUNE 20 - JUNE 24)
- SESSION 3** (JUNE 27 - JULY 1)
- SESSION 4** (JULY 5 - JULY 8)
- SESSION 5** (JULY 11 - JULY 15)
- SESSION 6** (JULY 18 – JULY 22)
- SESSION 7** (JULY 25 - JULY 29)
- SESSION 8** (AUGUST 1 - AUGUST 5)
- SESSION 9** (AUGUST 8 - AUGUST 12)
- SESSION 10** (AUGUST 15 - AUGUST 19)