

Sawgrass Nature Center's

CAMP WILD

A Science, Nature & Environmental Arts Camp for Ages 6-12 yrs.

Spring Break Camp 2017 Dates:

9:00AM-3:00PM

April 10, 11, 12, 13, 14

Education is a cornerstone of the Sawgrass Nature Center & Wildlife Hospital's mission, and Camp Wild programs are designed to build an appreciation of South Florida's unique environment through lessons, games, experiments, encounters with wildlife, and nature crafts. Your child will overcome fears, exercise their problem-solving skills, and explore and learn more about the natural world around them.

ENROLLMENT INSTRUCTIONS:

Please use a separate form for each child you wish to enroll. Be sure to fully complete and sign the Enrollment Form, sign the release section and enclose payment (M/C, Visa, check, or cash). Registration is not complete without payment.

Registration forms should be submitted in person, via email (robin@sawgrassnaturecenter.org), or mailed to:

**Sawgrass Nature Center
Attn: Camp Wild
3000 Sportsplex Drive
Coral Springs, FL. 33065**

PLACEMENT AND REFUNDS:

Space is limited, and campers will be enrolled in order of registration and payment received. If a day/week of camp is already full, you have the option of placing your child on a waiting list.

If you wish your child to attend camp with another child, arrangements need to be made by the parents/guardians of the children, and the completed enrollment form for both children should be mailed/presented at the same time.

- 1) No refunds for camp will be made unless notice is given one full week in advance or camp is full. A \$25 processing fee will be charged for all cancellations.**
- 2) If your child becomes ill or needs to leave camp for the week, a credit will be offered for days not attended. This credit is valid for one year.**

CAMP WILD REMINDERS

Campers should *always* bring:

- Packed lunch with ice pack
- Refillable water bottle

... and are encouraged to bring:

- A change of clothes and/or shoes
- Brimmed hat
- Sunscreen
- Insect repellent
- Raincoat/small umbrella

Camp will take place rain or shine, and parents should check the weather report to make sure their camper is properly attired.

Cold water and snacks will be provided throughout the day. **Food allergies are diligently noted, and all allergies/sensitivities should be noted on the camper's application.**

MP3 players, portable game-playing devices, and personal items like trading cards **should not be brought to camp**, or brought out only at free time. These items are easily lost or damaged and tend to be a distraction. **We cannot reimburse campers or parents for lost or damaged personal items.**

The Nature Center is closed to the public on Mondays and the gate will be closed from 10am-2pm. If you will need to drop off your child late or pick up early, please call (954) 752-WILD and we will open the gate.

CAMP WILD Spring Break Camp 2017

ENROLLMENT FORM

(Please use a separate form for each child you plan to enroll)

CHILD'S INFORMATION (please print clearly)

Child's Name: _____

Age: _____ Date of Birth: _____

School: _____ Grade Completed: _____

Parent(s)/ Guardian's Name(s) _____

Relationship to Child: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

E-mail (required): _____

Home Telephone: _____

Mobile #1: _____

Mobile #2: _____

Work Telephone #1: _____

Work Telephone #2: _____

Additional Contact: _____

Please provide names and relationships for those who are authorized to pick up your child, remember to **include yourself**. We will **NOT** release your child to anyone, including yourself or any relatives, unless the name is listed below. Please limit to no more than four.

Name	Relationship
• _____	_____
• _____	_____
• _____	_____
• _____	_____

MEDICAL INFORMATION

Physician and/or Health Care Facility: _____

Telephone Number: _____

Allergies: _____

Please inform us of any medications and/or learning/behavioral concerns

Does your child carry an inhaler? _____ Do they carry it on their person? _____

For headaches or insect bites, SNC staff may administer:

Children’s Tylenol Tylenol Insect Repellent Children’s Benadryl
(Oral and/or topical)

Other _____

Prescribed Medications (see statement titled **RELEASE ***)

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. I assume all risks, incident thereto with 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 _____

REGISTRATION

Spring Break Camp (check days that apply)*

Please note Spring Break Camp is **\$50/day or \$200/5 days (\$180 for members)**.
If registering for a week, all 5 days must be reserved at same time (days may extend over the two weeks of winter break).

Week 1:

- Monday, April 10
- Tuesday, April 11
- Wednesday, April 12
- Thursday, April 13
- Friday, April 14

Total: \$ _____

If your child requires BEFORE or AFTER CARE you must sign up 24 HOURS IN ADVANCE. An additional \$5 late fee will be charged for last minute before/after care registration. This is to insure we are properly staffed for the day.

Extended Hours (\$10/hour)

Early Drop-off: any time before 8:45AM (no earlier than 8AM). Late Pick-up: any time after 3:30PM, until 5PM. Please check all day(s) your child will be in early and/or after care:

- 8AM 4PM 5PM Monday
- 8AM 4PM 5PM Tuesday
- 8AM 4PM 5PM Wednesday
- 8AM 4PM 5PM Thursday
- 8AM 4PM 5PM Friday

Total Hours for Week: _____ X \$10 = \$ _____

INDICATE CAMP T-SHIRT SIZE (*One is free with each full week enrolled in camp*)

- Youth Small Youth medium
 Youth Large Other _____

Additional shirts are \$10.00 each x _____ = \$ _____

Do you have a membership with Sawgrass Nature Center and Wildlife Hospital?

- YES
NO

GRAND TOTAL: \$ _____

REGISTRATION PAYMENT

- I prefer to pay by check (please make payable to *Sawgrass Nature Center*)
 I prefer to pay by credit card

Please provide the following:

- VISA Master Card

Credit Card number _____

Expiration Date _____ **CW** _____

Signature _____ **Date** _____

Please mail, email, or bring application and payment to:

**Sawgrass Nature Center
3000 Sportsplex Drive
Coral Springs, FL 33065-2140**

(954)-752-WILD

Robin@SawgrassNatureCenter.org