

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

**(Applicants must have completed 9<sup>th</sup> grade and/or be 15 years old to apply)**

**DEADLINE TO APPLY IS APRIL 4**

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 \*)

**LIABILITY 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.

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

**Health Care (Please Read, Sign and Date)**

\*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 email 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 [robin@sawgrassnaturecenter.org](mailto:robin@sawgrassnaturecenter.org)

Please check off weeks that you are available during the summer. You may or may not get all weeks that you check off. Definite assignments will be made by April 30 or before and are based on the number of counselor applications received. Include info on any special accommodations such as carpooling with other counselors.

- SESSION 1** (JUNE 12 – JUNE 16 )
- SESSION 2** (JUNE 19 – JUNE 23)
- SESSION 3** (JUNE 26 – JUNE 30)
- SESSION 4** (JULY 3 – JULY 7, NO 4TH)
- SESSION 5** (JULY 10 – JULY 14)
- SESSION 6** (JULY 17 – JULY 21)
- SESSION 7** (JULY 24 – JULY 28)
- SESSION 8** (JULY 31 – AUGUST 4)
- SESSION 9** (AUGUST 7 – AUGUST 11)
- SESSION 10** (AUGUST 14 – AUGUST 18)