

Sawgrass Nature Center's
"CAMP WILD"
Counselor In Training Application
There are limited spaces for CITs, so submit early

CIT'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 _____

E Mail: _____

Work Telephone for Mother _____

Work Telephone for Father _____

Name of Additional Contact _____

Additional Contact Telephone _____

Cellular _____

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 CIT position?

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 _____

CIT 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 check off the weeks that you are requesting. Note that CIT slots (\$100/week) are limited to two weeks per CIT. If more weeks are needed, CITs can register under the camper rate (\$200/\$180 member/week) as campers. **CIT slots will not be secured until registration fees are received. The fee is \$100 per week.**

<u>SESSION 1</u>	(JUNE 11 – JUNE 15)	\$ _____
<u>SESSION 2</u>	(JUNE 18 – JUNE 22)	\$ _____
<u>SESSION 3</u>	(JUNE 25 – JUNE 29)	\$ _____
<u>SESSION 4</u>	(JULY 2 – JULY 6, NO 4 TH)	\$ _____
<u>SESSION 5</u>	(JULY 9 – JULY 13)	\$ _____
<u>SESSION 6</u>	(JULY 18– JULY 20)	\$ _____
<u>SESSION 7</u>	(JULY 23 – JULY 27)	\$ _____
<u>SESSION 8</u>	(JULY 30 – AUGUST 3)	\$ _____
<u>SESSION 9</u>	(AUGUST 6 – AUGUST 10)	\$ _____

CIT Total \$ _____

Please mail or bring application and payment to the:

Sawgrass Nature Center
3000 Sportsplex Drive, Coral Springs, FL. 33065-2140 (954)752-WILD
 For more information please call the Center at (954) 752-WILD or email Robin at
robin@sawgrassnaturecenter.org

I Prefer to pay by Check - please make payable to the:

Sawgrass Nature Center

I prefer to pay by Credit Card - please provide the following:

VISA Master Card

Credit Card number _____ Expiration Date _____

Signature _____ Date _____ CVV _____

Billing Zip Code _____