

Sawgrass Nature Center's "CAMP WILD"

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

Summer 2017: June 12 - August 18,
10 Weekly Sessions

THE SAWGRASS NATURE CENTER'S SUMMER BREAK CAMP

Education is a cornerstone of the Sawgrass Nature Center & Wildlife Hospital's mission, since, "... we will conserve only what we love; we will love only what we understand; and we will understand only what we are taught". Camp Wild programs are designed to build an appreciation of South Florida's unique environment through fun and interactive activities. Camp days are filled with lessons, games, encounters with live animals and plants, and nature crafts. Children overcome fears and learn to explore the natural world around them. The outdoor atmosphere and wide range of activities make this camp a unique experience.

ENROLLMENT INSTRUCTIONS:

Please send 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 forms will be accepted by mail, email, or in person. There is an online form on our website as well. If you fax, you need to follow-up with a confirmation phone call, please.

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

The week before camp starts, parents of registered campers will be sent an email confirmation letter containing all of the necessary information for the week, including information about drop-off and pick-up times, snacks and clothing recommendations. **People picking-up campers at the end of the day should be prepared to show photo identification.**

PLACEMENT AND REFUNDS:

As forms and payments are received, they will be dated and registered. **Slots will not be held without payment.** Space is limited and campers will be enrolled based upon the day the registration is received. Once camp is filled, you have the option of placing your child on a waiting list. If you wish to guarantee your child attends camp with another child, arrangements need to be made by the parents or guardians of the children so that completed enrollment forms for both children arrive at our offices simultaneously.

Sorry, no refunds for camp will be made unless notice is given one full business week in advance. A \$25 processing fee will be charged for all cancellations. A \$15 fee will be added for late registration turned in after 3pm on the Saturday prior to the start of camp. The Sawgrass Nature Center reserves the right to cancel camp if the minimum enrollment has not been reached (minimum 10 campers) within one week of the Camp date. If cancellation occurs, a full refund will be made.

“CAMP WILD” Summer 2017

9:00 a.m. – 3:00 p.m.

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: _____

Home Telephone: _____

Cellular: _____

Best # to reach you: _____

E-mail: _____

Work Telephone for Mother: _____

Work Telephone for Father: _____

Name of Additional Contact: _____

Additional Contact Telephone(s): _____

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, unless the name is listed below. People picking-up should be prepared to show photo identification.

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

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, SNC staff may administer:

- ☐ Children's Tylenol ☐ Tylenol ☐ Topical Benadryl ☐ Oral Benadryl
☐ Other _____
☐ Prescribed Medications (*see statement titled Health Care Release)

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. I assume all risks, incident thereto with respect to myself and to any other individuals for whom this registration is made.

Signature of Parent or Guardian _____

Date _____

HEALTH CARE RELEASE

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

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

Signature of Parent or Guardian _____

Date _____

REGISTRATION

We have a family membership to the Sawgrass Nature Center & Wildlife Hospital in the name of _____ membership # _____
Join or renew now and enjoy the discounted camp rate! Yearly Family Memberships begin at \$50.00. Contact the Sawgrass Nature Center for other membership types.

☐ **Sawgrass Nature Center Membership or Renewal** \$ _____

Please register my child for:
Sawgrass Nature Center's "Camp Wild"
9:00 a.m. – 3:00 p.m.

- | | | |
|---|--|----------|
| <input type="checkbox"/> <u>SESSION 1</u> | (JUNE 12 – JUNE 16) | |
| | \$200 (\$180 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 2</u> | (JUNE 19 – JUNE 23) | |
| | \$200 (\$180 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 3</u> | (JUNE 26 – JUNE 30) | |
| | \$200 (\$180 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 4</u> | (JULY 3 – JULY 7, NO 4TH) | |
| | \$50/day or \$180 (\$150 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 5</u> | (JULY 10 – JULY 14) | |
| | \$200 (\$180 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 6</u> | (JULY 17 – JULY 21) | |
| | \$200 (\$180 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 7</u> | (JULY 24 – JULY 28) | |
| | \$200 (\$180 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 8</u> | (JULY 31 – AUGUST 4) | |
| | \$200 (\$180 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 9</u> | (JULY 31 – AUGUST 4) | |
| | \$200 (\$180 for Members) | \$ _____ |
| <input type="checkbox"/> <u>SESSION 10</u> | (AUGUST 14 – AUGUST 18) | |
| | \$200 (\$180 for Members) | \$ _____ |

Camp Sub-Total \$ _____

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 _____ = \$ _____

EXTENDED HOURS (\$10/hour): Early Drop-off: before 8:45a.m. (1hr min.)
Late Pick-up: until 5:00 p.m. (1hr or 2hrs)

Please circle when your child will be in early and/or after care (\$10/hour):

List Weeks Needed	(Circle all that apply)	M	T	W	Th	F
_____	8-8:45 arrival	AM	AM	AM	AM	AM
	3-4 pick-up	PM	PM	PM	PM	PM
	4-5 pick-up	PM	PM	PM	PM	PM

List Weeks Needed	(Circle all that apply)	M	T	W	Th	F
_____	8-8:45 arrival	AM	AM	AM	AM	AM
	3-4 pick-up	PM	PM	PM	PM	PM
	4-5 pick-up	PM	PM	PM	PM	PM

List Weeks Needed	(Circle all that apply)	M	T	W	Th	F
_____	8-8:45 arrival	AM	AM	AM	AM	AM
	3-4 pick-up	PM	PM	PM	PM	PM
	4-5 pick-up	PM	PM	PM	PM	PM

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

GRAND TOTAL (Camp Sub-Total + Additional Shirts+ Extended Care Hrs)

\$ _____

☐ 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 _____ CVV _____

Expiration Date _____ Billing Zip Code _____

Signature _____ Date _____

Please mail or bring application and payment to the:

Sawgrass Nature Center
3000 Sportsplex Drive, Coral Springs, FL. 33065-2140
(954)752-WILD