



**“Summer by the Sea”
Marine Science Camp 2018**

PERMISSION AND RELEASE FORM

My child _____ is in good health and has my permission to attend Camp at the Marjory Stoneman Douglas Biscayne Nature Center. I, the undersigned, hereby release and hold harmless the Marjory Stoneman Douglas Biscayne Nature Center Inc, its officers, employees, agents, directors, naturalists, independent contractors, teachers, and supervisors from any and all liability for mishap or injury, whether caused by their negligence or otherwise, incurred during the summer camp program. I assume all risk incident thereto with respect to myself and/or any other individuals for whom this permission and release form is made. Any photographs or video taken during the summer camp program may be used for promotional use at the Biscayne Nature Center.

Signature of Parent/Guardian _____ Date _____

Please circle the weeks you would like to register your camper to attend:

Week 1:
June 11 – June 15, 2018

Week 5:
July 9 – July 13, 2018

Week 2:
June 18 – June 22, 2018

Week 6:
July 16 – July 20, 2018

Week 3:
June 25 – June 29, 2018

Week 7:
July 24 - July 28, 2018

Week 4:
July 2 – July 6, 2018
(No camp on Wednesday, July 4th)

Week 8:
July 30 – August 3, 2018



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CAMPER INFORMATION

Child’s Full Name _____ Nickname _____

Date of Birth _____ Age _____ Male/Female _____

Race _____ Ethnicity _____

School Your Child Attends _____
Grade _____

Parent/Guardian names (please print)

Mother _____ Father _____

Parent/Guardian Address (please print) _____

Home Phone # _____ Cell#: _____ Work#: _____

Email Address: _____

Please list names that are authorized to pick your child up from the Biscayne Nature Center. (ID will be required)
Any persons NOT on this list will NOT be allowed to pick up your child.

1. _____

2. _____

3. _____



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SWIMMING ABILITY

On a scale of 1-10 (1 being “can’t swim,” and 10 being “competitive swimmer”) how well can your child swim?
Please circle one of the numbers below.

1 2 3 4 5 6 7 8 9 10

Things we should know about your child... _____

Please answer the following questions:

1. All children will be provided with sunscreen and insect repellent. Is your child allergic to either of these?

2. Does your child have any food allergies?

3. My child has the following medical problems:

4. My child takes the following medications regularly:

5. My child has the following allergies:

6. Other important information we should know:

7. How did you find out about our summer camp?



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MEDICAL INFORMATION AND RELEASE FORM

Name of child: _____

Age _____ Male/Female: _____

Emergency Contact Information:

Name of Parent/Guardian: _____

Home #: _____ Work #: _____ Cell#: _____

IMPORTANT

I AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ATTENDING THE "SUMMER BY THE SEA" CAMP.

Parent/Guardian Signature: _____ Date: _____

IN CASE A PARENT CANNOT BE REACHED, CONTACT:

Name: _____

Phone #: _____

Relationship: _____

Doctor's Name: _____

Doctor's Phone #: _____