“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:                                          Week 5:                                            Week 6:                                          Week 7:                                          Week 8:

Week 2:                                          Week 3:                                          Week 4:                                          (No camp on Wednesday, July 4th)
June 18 – June 22, 2018                      June 25 – June 29, 2018                           July 2 – July 6, 2018

Sandra St. Hilaire, Program Coordinator 305-361 6767 x 119  Reservations@biscaynenaturecenter.org
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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 #: ______________________________