

ESTUARY EXPLORATION: A SCIENCE DISCOVERY SUMMER CAMP

2017 Crystal River Summer Camp Program

Ages: 8 - 11

Camper Registration Form

****July 10th-14th 2017****

8:30am - 2:30pm

****FILL OUT THIS ENTIRE FORM AND SUBMIT WITH TUITION FEE BY JUNE 17th, 2017**

Registration is on a first-come, first-served basis: \$80.00/camper

Limited space available

After-camp care is available from 2:30 pm to 3:30 pm for an additional fee (\$20.00)

Camper's name or preferred nickname _____

Gender: Male Female Birth Date: _____ *Youth* t-shirt size (circle): XS S M L XL

Parent(s) name _____

Address _____

Daytime telephone number_(_____)_____

Evening telephone number_(_____)_____

Parents E-mail Address _____

Name and phone number of person(s) responsible for dropping off and/or picking up child other than listed parent(s) (nanny, grandparent, carpool partners, etc.) **Your child will only be released to those named on this form. With Valid ID.**

Are there any allergies, medical conditions, or medicines of which the staff at the Florida Public Archaeology Network or the Crystal River State Park should be aware? Yes No

If yes, please explain:

Does your child need special assistance with reading, shyness, phobias, or strong dislikes?

Yes No If yes, please explain: _____

EMERGENCY CONTACT INFORMATION

Please list two emergency contacts and telephone numbers available during camp hours

1. _____

2. _____

Medical Insurance _____

Policy/Patient Number _____

Check this box if child can be released to emergency contact in the unlikely event of an emergency or injury.



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the friends of
Crystal River State Parks, Inc.



FLORIDA PUBLIC
ARCHAEOLOGY
NETWORK

A PROGRAM OF THE UNIVERSITY OF WEST FLORIDA

Please initial next to each statement, and sign the bottom of this form

- I understand that drop off is at 8 – 8:30 AM and pick up is no later than 3:00 PM. I understand that there will be **NO late pickups please, unless registered for after-camp care** _____
- I understand that water will be provided by the camp, but I need to provide my child with a **bagged lunch, snacks, and reusable water bottle for the day.** _____
- My child will wear sturdy footwear (tennis shoes/sneakers) and outdoor clothing every day at camp. I further understand that my child may get dirty at camp. _____
- My child will have available a COMPLETE change of clothes (including socks, underwear, and footwear) every day. _____
- I will apply sunscreen and bug spray to my child BEFORE dropping him/her off. _____
- I give permission to the Crystal River Preserve staff to transport my child in state vehicle or by a tram car pulled by a state vehicle at no more than 15 mph to nearby areas for outdoor activities (i.e. archaeological site tour, excavation area, etc.) A chaperone will be aboard the tram with the campers at all times. _____
- I give permission to the Crystal River Preserve staff to take my child on a boat tour of the Crystal River to see various ecosystems. Life jackets will be worn by all campers at all times. _____
- In the event of an emergency in which the responsible parties can not be reached, I authorize representatives of the Crystal River Preserve to obtain and give consent for the administration of whatever medical treatment is deemed necessary. _____
- I understand Crystal River Preserve staff or volunteers are not authorized to dispense medication of any kind to campers while attending summer camp. _____
- I grant my permission to the Florida Department of Environmental Protection to use my child's appearance, voice or other attributes related to attendance and participation in the Crystal River Summer Camp program in promotional and/or advertising media. I understand that I will receive no reimbursement for its usage. Rights are hereby released to the Florida Department of Environmental Protection. _____
- I understand that the Crystal River Summer Camp Program has a policy of promptly removing children from the camp who cause disruption or fail to follow adult supervision; the registration **fee will not be refunded** in these circumstances. _____
- **Any cancellation** has a \$25 administrative processing fee. No refunds will be made for cancellations after June 17th. This policy **may** be waived if the space can be filled by a camper on the waiting list. _____

Signature:

Date:

Camp applications are accepted in person or via USPS and are processed on a first come/first serve basis Beginning April 11, 2017.

Please pay by cash or check. Credit cards can not be accepted.

Questions or concerns? Email at Jamie.Letendre@dep.state.fl.us or call 352.228.6032

Make checks payable to Friends of Crystal River State Parks, Inc. and mail to, or drop off at:

Crystal River Preserve State Park Office

Attn: Summer Camp

3266 N. Sailboat Ave. Crystal River, FL 34428