



**Marjory Stoneman Douglas Biscayne Nature Center
Summer by the Sea Camp 2017
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 12 – June 16

Week 2: June 19 – June 23

Week 3: June 26 – June 30

Week 4: July 5- July 7



Camper Information

Childs full name and nickname _____

Date of Birth _____ Age _____ male/female _____

Race _____

Ethnicity _____

School Your Child Attends _____

Grade _____

Parent's name (please print) Mother _____

Father _____

Parent's Address (please print) _____

Home Phone # _____ Cell# _____

Work# _____

EmailAddress: _____

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. _____



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?

**MEDICAL INFORMATION AND RELEASE FORM
BISCAYNE NATURE CENTER
SUMMER BY THE SEA MARINE SCIENCE CAMP**

Name of child _____

Age _____ male _____ female _____

Emergency Contact information

Name of parent/guardian _____

Home/work phone# _____

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 THE CASE A PARENT CANNOT BE REACHED, CONTACT:

NAME _____

PHONE# _____

RELATIONSHIP _____

Doctor's name _____

Doctor's Phone # _____