



# 2018 Summer Eco Adventure Camp Registration Form

**CAMPER INFORMATION**      \*Please fill out one form for each camper.

Camper Last Name	Camper First Name	M.I.	Date of Birth	Age	Gender: M / F
Street	City	State	Zip	School Attending	
Phone	Previous Camper? Y / N		Years Attended		

**PARENT/ GUARDIAN INFORMATION**

1. \_\_\_\_\_

Parent/Guardian Last Name	Parent/Guardian First Name	M.I.	Phone (if different)
Address (if different)			<b>*Email Address</b> (used for notices & to send photos)
Employer	Work Phone	Cell Phone	

**PARENT/ GUARDIAN INFORMATION**

2. \_\_\_\_\_

Parent/Guardian Last Name	Parent/Guardian First Name	M.I.	Phone (if different)
Address (if different)		Email Address	
Employer	Work Phone	Cell Phone	

**EMERGENCY CONTACT** (Persons other than Parent/Guardian to whom the camper may be released and/or contacted in case of an emergency.)

Emergency Contact Last Name	First Name	Home Phone	Cell/Alt. Phone
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**AUTHORIZED TO REMOVE CHILD**

Father: Y / N      Mother: Y / N      (If no, documentation) \_\_\_\_\_

**Allergy/Medical Information:**

List any allergies (bee stings, ant bites, plants, sun, food, penicillin, etc.) \_\_\_\_\_

\*Seminole County Eco Camp does not administer any medications (prescription and/or OTC). All emergency situations will be referred to the parents and/or EMS.

**EMERGENCY MEDICAL TREATMENT:** I understand that every effort will be made to contact the Parent/Guardian of the participants. If this is not possible, I hereby authorize Seminole County Leisure Services, Eco Camp to obtain emergency medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Program Selection:**

Please check the week(s) and/or extended care you would like to register your camper for. Full payment is due at the time of registration. Space is limited; sessions will not be reserved without full payment.

	Dates	Ages	Theme	Location	Cost	Extended Care	TOTAL FEES:	Code:
<b>Week 1</b>	June 4-8	7-12	It's a Bugs Life	Ed Yarborough Nature Center, Geneva	\$132 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$ _____	
<b>Week 2</b>	June 11-15	7-12	Water, Water Everywhere!	Ed Yarborough Nature Center, Geneva	\$132 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$ _____	
<b>Week 3</b>	June 18-22	7-12	The Art of Nature	Ed Yarborough Nature Center-Geneva	\$132 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$ _____	
<b>Week 4</b>	June 25-29	7-12	Nature Survival	Ed Yarborough Nature Center, Geneva	\$132 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$ _____	
<b>Week 5</b>	July 2-6 (no camp on 7/4)	7-12	Extreme Animals	Ed Yarborough Nature Center, Geneva	\$132 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$ _____	
<b>Week 6</b>	July 9-13	7-12	Nature Connections	Ed Yarborough Nature Center, Geneva	\$132 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$ _____	
<b>Week 7</b>	July 16-20	7-12	Nature CSI	Ed Yarborough Nature Center, Geneva	\$132 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$ _____	
<b>Week 8</b>	July 23-27	7-12	Grossology	Ed Yarborough Nature Center, Geneva	\$132 <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$ _____	
				<b>TOTAL</b>	<b>FEES</b>	<b>DUE:</b>	<b>\$</b> _____	

**WAIVER**

I hereby state that my child is physically and mentally capable of safe participation in Seminole County Government Leisure Services (SCGLS) activities. I understand and expressly acknowledge that participation at camp is a privilege, and I release SCGLS, its agents, contracts services, servants, and employees, from all liability for any injury, illness, loss or damage connected in any way to my child's participation in SCGLS activities, whether on or off SCGLS premises. I also authorize SCGLS to obtain medical treatment for my child in the event of an emergency. SCGLS reserves the right to remove any camper who, according to the Director's discretion, is judged detrimental to the general welfare of the camp, program, staff, and/or other campers. I give my permission to SCGLS to use, without limitation or obligation, photographs, film footage, or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting SCGLS programs. The right is reserved to search any camper's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects (according to the Parent Handbook and/or that may cause harm to self or other) may be present. I understand that any damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave camp. No refunds or prorates will be given. I **have read the Parent Handbook** for the specific camp that my child is attending. I understand and agree to abide by the policies stated within. I understand that there will be no refunds given for SCGLS programs. I also understand that no credits will be given for days missed, late arrival, or early departure during any SCGLS program. I understand the camp my child is enrolled in may have additional registration materials and that it is my responsibility to obtain, complete and turn in these materials.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Camper's Name: \_\_\_\_\_

**Please make check or money order out to Seminole County Natural Lands.**

**You may register at any active Park (Red Bug Lake Park, Sanlando Park, or Sylvan Lake Park)**

**or mail the form and check to:**

**Seminole County Natural Lands Program  
3485 N. County Road 426  
Geneva, FL 32732**

**Questions? Call (407) 665-2211**

