



**Marjory Stoneman Douglas Biscayne Nature Center  
Summer by the Sea 2019  
Marine Science Camp**

**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 10 – June 14, 2019

**Week 2:**  
June 17 – June 21, 2019

**Week 3:**  
June 24 – June 28, 2019

**Week 4:**  
July 1 – July 5, 2019  
(No camp on Thursday, July 4<sup>th</sup>)

**Week 5:**  
July 8 – July 12, 2019

**Week 6:**  
July 15 – July 19, 2019

**Week 7:**  
July 22 - July 26, 2019

**Week 8:**  
July 29 – August 2, 2019



**"Summer by the Sea"  
Marine Science Camp 2019**

**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 #: \_\_\_\_\_ 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. \_\_\_\_\_



**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 or environmental 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**

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: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Doctor's Name: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

**PAYMENT REMINDERS**

**We accept cash, check, and credit cards**

**If paying with CHECK:  
Please make check payable to  
BISCAYNE NATURE CENTER**

**If paying with CREDIT CARD:  
Please keep in mind that  
there is a \$20 processing fee!**