



WESLEY'S ISLAND ECO CAMP Registration



CAMP SELECTION

Please select ALL camps for which you are registering your child. *Please remember to submit payment accompanying your application.

Payment may be made online: www.stellamarisenvironmentalresearch.org

- WEEK 1: Ages 8-12, June 12-16 WEEK 3: Ages 8-12, July 10-14
 WEEK 2: Ages 12-16, June 19-23 WEEK 4: Ages 12-16, July 17-21

Full Name of Parent/Legal Custodian/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Time Phone: _____ Cell Phone: _____

Email: _____

Full Name of Camper: _____ Preferred Name: _____

Gender: _____ Birth Date: _____ Age: _____

Does your child swim? Yes No Strong Average

Does your child have any special needs: Yes No If yes, please explain

below: _____

T-shirt Size:

- Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
 Adult Small Adult Medium Adult Large Adult XL

Emergency Information

Name of Camper: _____ Age: _____

Parent/Guardian: _____ Cell Phone: _____

If you are unavailable, whom should we contact in the event of an emergency?

Emergency Contact: _____ Relationship: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Name of Physician: _____ Physician Phone: _____

Allergy/Sensitivity (to food, medicine, bee stings, etc) _____ EpiPen? _____

Anxieties, nervous habits, fears: _____

Behavioral/learning challenges: _____

MEDICAL HISTORY

My child has/had (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Epilepsy, convulsions, dizziness | <input type="checkbox"/> Allergy to medicine/food |
| <input type="checkbox"/> Disease of heart/blood vessels | <input type="checkbox"/> Hospitalization/surgery |
| <input type="checkbox"/> Increased blood pressure | <input type="checkbox"/> Depression/anxiety |
| <input type="checkbox"/> Lung disease, asthma, persistent cough | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Skin diseases | <input type="checkbox"/> Hay fever/allergies |
| <input type="checkbox"/> Impaired sight or hearing | <input type="checkbox"/> Other: _____ |

Please explain all items marked or any other conditions or medications of which we should be aware:

YES, Camp staff has my permission to treat any minor wounds or insect bites that my child gets with over-the-counter anti-bacterial or anti-itch ointments. IF NO, please leave blank and let us know.

Parent/Guardian Signature: _____ Date: _____

Drop-Off and Pick-Up Information and Permission List

- A parent/guardian must sign campers in and out each day of camp.
- Drop-off and sign-in no more than 15 minutes before the start of camp.
- Please pick up on time at the end of each camp day.
- We do not want to enforce a late pick-up fee, If you anticipate arriving late for pick-up, please call to let Camp Staff know (321-403-7646).
- Children will only be permitted to leave camp with individuals on your “Pick-up Permission List” (form attached).
- All individuals picking up a child MUST show identification, sign campers out and make sure that assigned staff is notified that camper is leaving the premises.

Please list the people who have permission to pick up your child if you are unable to do so. Ensure that these individuals understand they will be required to show identification. Your child will be released to any of these individuals who present the proper identification whether or not you have notified camp staff in advance because you have granted us permission to do so. Camp staff will absolutely NOT release your child to any person who is not listed on this form, other than the parent/guardian listed on the first page of this application.

Pick-Up Permission List

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Photo Release

I hereby permit Stella Maris Environmental Research and/or St. Lucie County to photo-document my child’s summer camp activities. I give permission for photographs of my child to be used in articles, promotional fliers, advertisements and web-based media. If no, Please write NO.

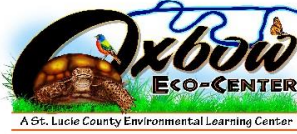
Signature of Parent/Guardian _____ Date _____

Parent/Guardian Agreement

- I have received a copy of the Summer Camp Parent/Guardian rules and regulations and hereby agree to comply with the rules listed.
- I agree that Stella Maris Environmental Research has the right to withdraw my child(ren) from camp at any time if these rules and regulations, which are designed for the safety and well-being of all campers, are not followed.
- I agree to pick up my child on time to be considerate of everyone’s time.

Camper’s Name (print): _____

Parent/Guardian Signature: _____



**Permission to Participate In Wesley's Island Eco
Camp**

**NOTICE TO THE MINOR CHILD'S PARENT OR
GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ST. LUCIE COUNTY BOCC, ITS DEPARTMENTS, EMPLOYEES, OFFICIALS, COACHES, CONTRACTORS, VOLUNTEERS, SPECIALISTS, AND AGENTS (HEREINAFTER REFERRED TO AS "RELEASED PARTIES") USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ANY OR ALL OF THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent sign here: _____

PERMISSION TO PARTICIPATE IN PROGRAMS

PARTICIPANTS RELEASE AND WAIVER OF LIABILITY AGREEMENT

Read Completely and Carefully Before Signing

I, the undersigned, as the parent or legal guardian of the minor child ("my child") named below, do hereby give my full consent and approval for my child to participate in Wesley's Island Eco Camp ("Youth Programs").

I understand that there are certain risks of damages and injuries, including death, inherent in Youth Programs, as well as in any transportation in County owned or non-owned vehicles that may be part of the program and in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of myself and my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

Further, I understand that there is inherent risk in Youth Programs and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity and which are not eliminated even if the activity provider acts with due care and includes failure by the activity coordinator to warn me or my child of an inherent risk or the risk that the participant or another participant in the activity may act in a negligent or intentional manner and contribute to the injury or death of my minor child.

I understand that Youth Programs may actually be organized, directed and presented by an individual(s) performing those duties as an independent contractor or specialist using County property.

I hereby give permission for my child to receive necessary medical treatment.

Further, I agree that in consideration for my child's participation in the St. Lucie County Youth Programs that I shall hold harmless and fully indemnify and defend Stella Maris Environmental Research, St. Lucie County BOCC, its departments, employees, officials, coaches, volunteers, contractors, specialists, and agents (Released Parties) from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties. I hereby waive, release, discharge and agree not to sue the Released Parties for any and all causes of actions, claims or damages arising out of or resulting from my child's participation in the Youth Activities, including but not limited to damages, injuries, or death arising out of risks that are a natural part of these activities. I agree that in consideration for my child being permitted to participate in the activity, I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my child's participation in this activity.

I expressly agree the Release and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the laws of Florida and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, and that I understand each of the provisions in this agreement and that I agree to abide by them.

Please print

PROGRAMS/CAMPS: _____

Name of Minor Child (Under age 18) **Participants DOB** **Name of Parent / Guardian**

Address **City** **State** **ZIP**

Signed: _____ **Date:** _____ **Phone #:** _____
Parent / Guardian

Signed: _____ **Print Name:** _____
Receiving Camp Representative