



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 at [www.stellamarisenvironmentalresearch.org/payment-options.html](http://www.stellamarisenvironmentalresearch.org/payment-options.html)

- \_\_\_ WEEK 1: Ages 9-12, June 17-21
- \_\_\_ WEEK 2: Ages 13-16, June 24-28
- \_\_\_ WEEK 3: Ages 9-12, July 8-12
- \_\_\_ WEEK 4: Ages 13-16, July 15-19

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: \_\_\_\_\_

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:

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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.

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.

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: \_\_\_\_\_ :