



## Emerald Coast Wildlife Refuge Camp CROW 2024 Spring & Summer Camp Registration

Thank you for your interest in Emerald Coast Wildlife Refuge's youth camp program: Camp CROW 2024! CROW stands for **Conserving & Rehabilitating Our Wildlife**. We are passionate about the conservation of native Florida wildlife and are excited to share our animals, experience, and knowledge with your student. We appreciate the effort you are putting forth in this registration process. Please know that everything we ask for in this registration is to help prepare our staff and volunteers to work with each individual child attending camp and ensure that each child has the experience of a lifetime. Your detailed, accurate answers help us achieve a safe and well-prepared camp atmosphere. If you have any questions during the registration process, please contact our Educator at [Emma@EmeraldCoastWildlifeRefuge.org](mailto:Emma@EmeraldCoastWildlifeRefuge.org)

### Camp Details

- ★ To apply, send the completed registration form (with all signatures and initials completed) and your payment via email (preferred) or U.S. mail. Once registration is received, you will receive a confirmation email to the provided email address.
- ★ All camps start promptly at 9:00am and end at 3:00pm. Please make appropriate arrangements for transportation - we do not offer before or after camp care at this time.
- ★ **For week long campers:** Registration is \$300 per child. This covers all 5 days of camp, a t-shirt, and all camp activities/supplies.
- ★ **For single day campers:** Registration is \$75 per day per child. This includes a t-shirt and all camp activities/supplies.
- ★ Please note that this is an educational camp, but is full of fun, memorable, and positive activities and experiences for your child. There are a handful of activities that require writing (all are adaptable for students that don't feel comfortable or confident writing).
- ★ **Refund Policy:** Space for this camp is limited and registration is on a first come, first served basis. Due to this, the refund policy for canceled or missed days is as follows: dates canceled more than two weeks from the start of camp will receive a full refund. Camp dates canceled less than two weeks in advance will receive a partial refund (half of the amount paid). Camp dates canceled within less than 24 hours of the first camp are not refundable. Missed camp dates are not refundable. We understand that emergencies happen, and are willing to work with you if emergency situations arise. To discuss refund policies and procedures, please email [Emma@EmeraldCoastWildlifeRefuge.org](mailto:Emma@EmeraldCoastWildlifeRefuge.org).

### Information for Parents

- ★ For your child's safety, we will require the ID of anyone picking up your child. The name on the ID must match the names given in the Parent/Guardian Information section or the Additional or Other Authorized Pick-up and Emergency Contact Information section. Please be sure that you or anyone authorized to pick up your child brings a picture ID with them. We will not release your child without a proper ID that matches the information given in this registration form.

- ★ Check-in will start at 8:45am each day. Pick-up will start at 2:45pm. Your child must be picked up by 3:15pm at the latest, preferably by 3:05pm.
- ★ After they receive their shirt, your child should wear their camp shirt to camp each day. You may purchase additional camp shirts in the t-shirt section of the registration form for an additional \$10 per shirt.
- ★ Your child must bring a sack lunch and water each day. **We do not provide lunch.**
- ★ Please notify Emma (contact on page 1) in advance if you must pick-up or drop-off your child at an irregular time. If any emergency arises, you can contact the camp counselor via cell phone (cell phone #s will be provided closer to camp) or call the ECWR phone number - (850)684-1485 (this phone number goes to our medical center - let whoever answers the phone know that you need to talk to the camp counselors or executive director and they will transfer your call).
- ★ We cannot apply sunscreen or insect repellent to any camper. Please apply either or both prior to camp as campers will be spending time outside in the sun and there are insects on property.
- ★ The primary form of communication that will be used to communicate with parents will be email. Please be sure to legibly write the email address that you check regularly. If you do not receive a confirmation email, please contact [Emma@EmeraldCoastWildlifeRefuge.org](mailto:Emma@EmeraldCoastWildlifeRefuge.org) to ensure the correct email was written.
- ★ Please **do not skip** any section of the registration form. All sections are important and need to be acknowledged by the parent/guardian signing the child up for camp. Please do not cross out any section of write N/A where the child's name or your initials should go.
- ★ There is a gift shop at the front of the education center where camp takes place. **Do not send money** with your camper. The gift shop will be open during pick-up on Wednesday, Thursday, and Friday for parents/guardians to make purchases with their camper.
- ★ Only submit pages 3-8 of the registration form. Keep pages 1-2 for your own records.

### What to Expect During Camp

- ★ **First Day of Camp:** 1) Bring sealed bag of OTC medications (if necessary). 2) Bring a separate, sealed bag of prescription medications (if necessary). 3) Confirm your camper's emergency contact and medication information at the check-in table. 4) If all goes to plan, your camper will receive their camp t-shirt at check-out on the first day of camp.
- ★ **Every Day of Camp:** 1) Bring a snack, lunch, and water. 2) Have your camper wear their camp shirt. 3) Check in between 8:45am and 9am. 4) Pick up your camper at 3pm with a photo ID.
- ★ **Last Day of Camp:** 1) On the last day of camp, parents/guardians are able to participate in an informal tour of our refuge with their camper. Please arrive by 2pm so that you can enjoy this experience with your child. If you have multiple friends or family that would like to join, they are welcome to join as well. Free admission is available for two people per camper. 2) Before you leave, please be sure to pick-up any medications dropped off on the first day of camp (if applicable) and all of their arts/crafts/journals/etc.

### Mailing Address

If you would prefer to send registration, payment, and any other documents via mail rather than email, our mailing address is as follows:

#### **Emerald Coast Wildlife Refuge**

Attn: Emma Bucey  
3051 Cloptons Circle  
Navarre, FL 32566

Camper's Full Name: \_\_\_\_\_

## ECWR Camp CROW 2024 Registration

Please write clearly. If we cannot read your application or if it is incomplete, we cannot process your application. If you need extra space to answer a question, please use the back of page 5.

### Camper & Parent/Guardian Information

\*We use the first parent listed as the first point of contact unless otherwise specified.\*

<b>Camper Full Name:</b>	(Circle One) Male or Female or Non-Binary
<b>Preferred First Name:</b>	<b>Age:</b>
<b>T-Shirt Size (Circle One):</b> Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult 2XL	
<b>Do you want to purchase an additional shirt of the same size for an additional \$10?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____	

### Full Week Camps: \$300 Each

**Spring Break Camp:** March 25-29th 2024 (Ages 8-13)

**Summer Camp:** June 10-14th 2024 (Ages 8-13)

**Summer Camp:** June 17th-21st 2024 (Ages 8-13)

**Summer Camp:** July 15-19th 2024 (Ages 8-10)

**Summer Camp:** July 22nd-26th 2024 (Ages 11-13)

### Single Day Camps: \$75 Each

Available any single day during a full-week camp, write in preferred date(s) here:

\_\_\_\_\_

<b>Parent/Guardian's Full Name:</b>			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
Address:			
City:	State:	Zip:	
Cell Phone:	Home/Work Phone:		
Email:			
<b>Parent/Guardian's Full Name:</b>			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
Address:			
City:	State:	Zip:	
Cell Phone:	Home/Work Phone:		
Email:			

Camper's Full Name: \_\_\_\_\_

## Additional or Other Authorized Pick-Up & Emergency Contact Information

Person(s) Authorized for Camper Pick-up & Emergency Contact (Other than Parents/Guardians listed above)	
Full Name:	Relationship to Camper:
Cell Phone:	Home/Work Phone:
Full Name:	Relationship to Camper:
Cell Phone:	Home/Work Phone:
Full Name:	Relationship to Camper:
Cell Phone:	Home/Work Phone:

### General Authorizations

**Approval for Film & Photography Publicity:** I, the undersigned, the parent or legal guardian of \_\_\_\_\_, a minor, grant Emerald Coast Wildlife Refuge (ECWR) permission to use all photographs and motion pictures taken of said minor during Camp CROW for any legal use, including but not limited to future publicity, copyright purposes, illustrations, advertising, and web content. Initial: \_\_\_\_\_

### Medical History and Authorizations

At any ECWR camp program, we want your child to be as safe and healthy as possible. Prior to attending ECWR Camp CROW and participating in associated activities, ECWR staff and appropriate volunteers must be aware of any and all medical conditions. Health and safety compliance is a priority for every visitor to our refuge and is a subject of great concern. The collection of these authorizations and information is for your child's safety - only relevant information will be available to camp counselors and is kept strictly confidential at all times. If you feel there are special circumstances regarding your child and their medical history or medicines, please contact us directly.

**Over-the-Counter (OTC) Medical Administration Authorization:** ECWR does not supply OTC medications for camper use. The parent/guardian is responsible for supplying any OTC medication to ECWR staff in a sealed bag with the camper's name clearly written on the bag. Medications must be in original-labeled containers and the parent/guardian must hand deliver the bag to ECWR staff on the first day of camp at check-in. Camper's are not allowed to bring medication or self-administer OTC medication during camp hours. Once turned over to ECWR, all medication is kept in a locked cabinet and used only for the specified camper. On the last day of camp, the bag will be returned to the parent/guardian at pick-up. Medication will not be sent home with the camper. Any medication not picked up will be discarded. I, the undersigned, as parent/legal guardian of \_\_\_\_\_, a minor, authorize ECWR to administer the OTC medications listed below as directed on the original package only. I understand that my initial below constitutes a waiver of liability. I agree that when medication is administered, I waive any claims against ECWR representatives, counselors, or staff against any claims, damages, cause of action or injuries incurred or resulting from the administration of said medication. Initial: \_\_\_\_\_

I hereby authorize an adult ECWR representative to act on my behalf in administering the following medications on an as-needed basis during the ECWR camp session in which my child is enrolled. All medication will be administered at the discretion of an adult ECWR representative, and the delegated adult has the authority to decline the request of an OTC medication if deemed unnecessary, inappropriate, excessive, and/or could lead to potential harm. I hereby request and give my consent for an adult ECWR representative to dispense the noted OTC medications to my child. If none, please designate below. Initial: \_\_\_\_\_

- Acetaminophen (Tylenol)   
  Benadryl (Liquid/Tablets)   
  Antacid (TUMS)   
  Oragel   
  Sudafed  
 Ibuprofen (Advil, Motrin)   
  Naproxen (Aleve)   
  Other: \_\_\_\_\_   
  None

Camper's Full Name: \_\_\_\_\_

**Prescription Medication Administration & Release Authorization:** If a camper needs or may need to take a prescription medication during ECWR camp, the parent/guardian is responsible for supplying any prescription medication to an ECWR representative at drop-off each day in a sealed bag. The parent/guardian will pick up the sealed bag of prescription medication when the camper is picked up at the end of each day. Prescription medications brought to ECWR must be listed on this form, have the original label and the child's name. Campers are not allowed to bring medication themselves or self-administer prescription medication during camp hours. The only exception to this is if the child needs an inhaler; campers are allowed to keep prescription inhalers with them at all times of camp, unless specific instructions are given by the parent/guardian. Initial: \_\_\_\_\_

I, the undersigned, as parent or legal guardian of \_\_\_\_\_, a minor, authorize ECWR to administer the following physician prescribed medication/dosage to my child during ECWR camp. Medication must be in original containers with doctor authorization and original pharmacy label. I agree that ECWR representatives shall not be held liable for any loss, damage, injury, or liability of any kind to any person caused or arising acts, omissions, or negligence of ECWR and representatives related to the administration of medication to the above referenced child. Initial: \_\_\_\_\_

In summary, if your camper requires OTC or prescription medications, they must be in separate, sealed bags: OTC medications in one sealed bag, prescription medications in another. The camper's name must be clearly written on each bag. OTC medications are dropped off the first day of camp and returned at pick-up on the last day of camp. Prescription medications are dropped off and returned each day. Medications will not be handled by the camper, only parents/guardians and adult ECWR staff are allowed to handle or transport OTC or prescription medications. The only exception to this is if the child needs an inhaler - campers are allowed to keep prescription inhalers with them at all times of camp. Initial: \_\_\_\_\_

The table below accurately describes the prescription medications that the aforementioned child requires. I have answered this truthfully and completely. If my child takes no prescription medication, I have written N/A in place of the medication name. Initial: \_\_\_\_\_

Medication Name	Dose (mg)	Time (AM/PM)	Purpose of Medication	Special Instructions (storage, etc.)	Prescribing Doctor's Name

**Medical History:** The following is an accurate account of my child, \_\_\_\_\_, and their medical history. I have answered this truthfully and as completely as possible. If non, please designate below. Initial: \_\_\_\_\_

- Does your child have any of the following health concerns?  Asthma  Chronic Headaches  Diabetes  Seizures  Skin Issues  ADD/ADHD  Lung/Kidney/Heart/Thyroid Disease  None  Other: \_\_\_\_\_
- If yes to any, please elaborate: \_\_\_\_\_
- Has your child had a recent illness or injury that requires special attention or consideration during camp?  Yes  No
- If yes, please elaborate: \_\_\_\_\_

Camper's Full Name: \_\_\_\_\_

- Has your child had a tetanus shot within the past 12 months?  Yes  No
- Is your child COVID vaccinated?  Yes  No
- Does your child wear glasses or contact lenses to correct vision?  Yes  No
- Does your child have any other illness, injury, or medical condition which may affect or interfere with camp activities or participation ?  Yes  No
- If yes, please elaborate: \_\_\_\_\_  
\_\_\_\_\_
- Does your child have any allergies? This includes any food, substances (latex, medication, etc.), animals, or other.  Yes  No
- If yes, please elaborate on each allergy with triggers, effects, and treatments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your child have any mental, emotional, behavioral, developmental, or physical issues that may require specific attention during camp?  Yes  No
- If yes, please elaborate and include information on what ECWR representatives should be aware of and what precautions should be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Liability & Medical Services:** ECWR programs are a public service and we are unable to accept liability in the case of an accident. It is necessary to have your consent and agreement prior to program participation that the sponsoring organization/personnel will not be help liable in case of accident, injury, or illness. I hereby give permission for my camper, \_\_\_\_\_, a minor, to participate in all ECWR program activities associated with ECWR camp. ECWR representatives will not be held responsible in case of accident, mishapy, or illness. Should an emergency arise, I give my permission for ECWR to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, injections, anesthesia, and/or surgery, as he/she may deem essential for the care and well-being of said minor. Such action is to be taken only when immediate contact with the undersigned or any authorized emergency contacts provided cannot be made.

Initial: \_\_\_\_\_

I understand that it is my responsibility to inform ECWR representatives if my child has a medical condition, allergy, physical or other disability or condition that may require special attention. I agree to indicate such conditions on the Health and Medical Release herein, and discuss the situation in person with ECWR representatives prior to my child attending camp. Initial: \_\_\_\_\_

**Medical Insurance Information:**

Insurance Provider:	Group #:	ID #:
Primary Care Physician:	Phone Number:	
(Physician Address) Street:	City:	State, Zip Code:
Preferred Area Hospital:		

Camper's Full Name: \_\_\_\_\_

## Payment Method

- Check** (Made payable to "ECWR")
- Cash** - Please do not mail cash. Email Emma ([Emma@EmeraldCoastWildlifeRefuge.org](mailto:Emma@EmeraldCoastWildlifeRefuge.org)) to make arrangements for cash payment dropoff
- Credit Card** - Card payments can be made over the phone, in person prior to camp (during our open to the public hours), or by filling out the following:
- Name on Card: \_\_\_\_\_
- Card #: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CSC: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Total Amount to be Charged (including all camp sessions, extra t-shirts, etc.): \_\_\_\_\_

**You will receive an emailed receipt after your payment has been processed by ECWR.** The email address listed first on this registration form is the email address that will receive the receipt. If you receive a charge but not a receipt, please email Emma ([Emma@EmeraldCoastWildlifeRefuge.org](mailto:Emma@EmeraldCoastWildlifeRefuge.org)) with the payment type, name of camper, and date of transaction so that a receipt can be sent to you.

## Ready to submit this registration form?

Please make sure to check the following before submitting.

- Did you answer every question, initial everywhere requested, and thoroughly complete your child's medical history and insurance information sections? Again, this is for the overall safety of your child while they are at camp?
- Did you indicate and include payment information? Please make sure to account for extra shirts, if applicable.
- Do you have any questions that need to be answered before reserving your child's spot for ECWR Camp CROW 2024? (Please reach out to Emma, contact information above)
- Is there any other information you would like to share or provide ECWR regarding your child and/or their involvement in a 2024 session of ECWR Camp CROW? You can use the rest of this form and the top of the following page for any notes or explanations that did not fit in the appropriate fields.

Camper's Full Name: \_\_\_\_\_

**ECWR Office Use Only**

Registration Received Date: _____	Registration: Printed / Digital
Payment Processed Date: _____	Payment Delivery Method: Mailed / In Person / Email
Camp Dates: 3/25-29th / 6/10-14th / 6/17-21st / 7/15-7/19th / 7/22-26th	Amount: \$_____
Registration Confirmation Sent: Y / N Date: _____	Receipt Email Sent: Y / N Date: _____
Added to Registration List: Y / N Date: _____	ECWR Representative: _____

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_