



Emerald Coast Wildlife Refuge Camp CROW 2023 Summer Camp Registration

Thank you for your interest in the Emerald Coast Wildlife Refuge's Summer Camp Program: Camp CROW 2023! CROW stands for **C**onserving & **R**ehabilitating **O**ur **W**ildlife. We are passionate about the conservation of native wildlife & are excited to share our animals, experience, & knowledge with your child. 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, counselors, & volunteers for the individual children who attend each camp & to ensure that each child has the experience of a lifetime. **Your detailed, accurate answers help us achieve a safe & well-prepared camp atmosphere.** *We are proud to offer fun, exciting, & once-in-a-lifetime camp opportunities & we look forward to a great camp experience with you & your child! Please feel free to email us with any questions you may have. Thanks! emma@emeraldcoastwildliferefuge.org*

Camp Details

- ✓ To apply, send the completed enclosed registration form (please make sure to sign and initial where required) & your payment via email (preferred) or U.S. mail. We will confirm receipt of all, & provide additional information then.
- ✓ All camps begin promptly at 9:00 am and end at 3:00 pm. Please make appropriate transportation arrangements. We do not offer before or after camp care at this time.
- ✓ **For Week-Long Camps:** Registration cost is \$300 per child. This covers all 5 days of camp, a t-shirt, a camp bag, & all camp activities/supplies.
- ✓ **For Single Day Camps:** Registration cost is \$75 per day per child. This includes a t-shirt, a camp bag, & all camp activities/supplies.
- ✓ Please note this is an educational camp, but is full of fun, memorable, and positive activities and experiences for your child. They may be asked to complete a pre-test and post-test, but other writing tasks are limited.
- ✓ Space is limited, and registration is on a first come first serve 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). Missed camp dates are not refundable. We understand that emergencies happen, and are willing to work with you in situations that arise. To discuss refund policies and procedures, please email emma@emeraldcoastwildliferefuge.org.

Information for Parents

- o 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 the sections mentioned above.
- o Check in will start at 8:45 am each day. Pick-up will start at 3:00 pm each day. Your child must be picked up by 3:15 pm at the latest.
- o Your child will receive their 2023 Camp CROW t-shirt on Monday during pick-up, and must wear their camp shirt each day. You may purchase an additional t-shirt in the t-shirt section of the registration form on page 3.

- o Your child must bring a sack-lunch each day. **We do not provide lunch.**
- o Please notify Emma (email 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 (the number will be given out to authorized parents closer to camp) or call the Wildlife Refuge between 8 am and 4 pm at (850) 684 - 1485. This phone number is connected to our medical center. Please ask to speak to the camp counselor or executive director.
- o We cannot apply sunscreen or insect repellent to any camper. Please apply either or both prior to camp, as campers will be outside for part of the day each day. There are mosquitoes on the property.
- o The primary form of communication that we use to communicate with camp parents is email. When we receive a registration, we will send confirmation and more information via email, so please be sure to legibly write the email address you will use most often on page 3 of the registration form.
- o Please **do not skip** any section of the registration. All sessions are important and need to be acknowledged by the parent/guardian signing the child up for camp. Please do not cross out any section or write N/A where the child's name or your initials should go.
- o There is a gift shop at the front of the education center where camp takes place. Please **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.
- o Only submit pages 3 – 6 of the registration. Keep pages 1 & 2 for your records.

What To Expect During Week-Long Camps

- ✓ **First Day of Camp:** 1) Bring sack lunch. 2) Bring a sealed bag of OTC medications (if necessary). 3) Bring a separate, sealed bag of prescription medications (if necessary). 4) Come to the check-in table with your child between 8:45 & 9:00 am. This is when you will confirm your camper's emergency contact and medication information. 5) Pick up your child at 3:00 pm, with proper ID. This is when your child will receive their camp bag and t-shirt.
- ✓ **Every Day Of Camp:** 1) Bring lunch & have your child wear their ECWR 2023 Camp T-Shirt. 2) Check in between 8:45 & 9:00 am with a sealed bag of prescription medications (if necessary). 3) Pick up your child at 3:00 pm, with proper ID. 4) Please be prepared for your child's enthusiasm about the animals they studied each day. They will want to share their new knowledge and experiences with you!
- ✓ **Last Day Of Camp:** 1) Bring lunch & wear ECWR 2022 Camp T-Shirt. 2) Check in as normal. 3) On this day, we will allow parents/guardians to participate in an informal tour of our refuge with the campers, so that they may show off what they have learned and share their favorite experiences. Please arrive early (at 2:00 pm) so that you can enjoy this experience with your child. If you cannot attend, you may arrange for an authorized alternate pick-up to attend in your stead. 4) When you check your child out for the last day, you will also pick up the bag of OTC medications you dropped off on the first day of camp (if necessary) and all of their arts/crafts/journals/etc.

Mailing Address

Please send pages 3 – 6 of registration, payments, & any other documents to our mailing address. Our mailing address is the same as the physical location of our summer camps.

Emerald Coast Wildlife Refuge

Attn: Emma Bucey

3051 Cloptons Circle

Navarre, FL 32566

Camper's Full Name: _____

ECWR Camp CROW 2023 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 or want to provide more information, 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. *

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

Full-Week Camps: \$300 Each

Spring Break Camp: March 12 - 17th 2023 (Ages 8-13)

Summer Camp: June 5 - 9th (Ages 8-13)

Summer Camp: June 12 - 16th (Ages 8-13)

Summer Camp: July 17 - 21st (Ages 8-10)

Summer Camp: July 24 - 28th (Ages 11-13)

Single-Day Camps: \$75 Each

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

Parent/Guardian's Full Name:		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
Address:			
City:		State:	
Zip:			
Cell Phone:	Home Phone:	Work Phone:	
Email:			
Parent/Guardian's Full Name:		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
Address (if different from above):			
City:		State:	
Zip:			
Cell Phone:	Home Phone:	Work Phone:	
Email:			

Additional or Other Authorized Pick-Up and Emergency Contact Information

Person(s) Authorized For Camper Pick-Up And Emergency Contact (other than Parents/Guardians listed above)			
Full Name:		Relationship To Camper:	
Cell Phone:	Home Phone:	Work Phone:	
Full Name:		Relationship To Camper:	
Cell Phone:	Home Phone:	Work Phone:	
Full Name:		Relationship To Camper:	
Cell Phone:	Home Phone:	Work Phone:	

✓ If anyone other than the parents/guardians listed above will pick up the child, he/she **must** be listed above.

Camper's Full Name: _____

General Authorizations

Approval for Film & Photographic Publicity: I, the undersigned, as parent or legal guardian of _____, a minor, in consideration of the agreement of Emerald Coast Wildlife Refuge ("ECWR") as part of the career curriculum of ECWR Summer Camp, authorize ECWR representatives to use, without obligation to me, any and all photographs and motion pictures taken of said minor for any and all publicity and advertising purposes they may designate. Initial _____

Medical History and Authorizations

At any ECWR Summer Camp, we want your child to be as safe and healthy as possible. Prior to attending ECWR Summer Camp and participating in associated activities, Emerald Coast Wildlife Refuge ("ECWR") employees, volunteers, and representatives must be aware of any and all medical conditions. A professional medical examination or note from a physician may be required depending on 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 staff and is kept strictly confidential at all times. If you feel there are special circumstances regarding your child and his/her 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 a ECWR staff member/camp counselor in a sealed bag (i.e. Ziploc, pencil case) with the camper's name clearly written on the bag. Medications must be in sealed, original-labeled containers (with 30 or less pills/tablets each) and the parent/guardian must hand deliver the bag of OTC medications to a ECWR staff member or camp counselor at check-in on the first day of camp. Campers 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 campers. Any medication not picked up will be discarded. I, the undersigned, as parent/legal guardian of _____, a minor, authorize Emerald Coast Wildlife Refuge ("ECWR") to administer the Over-The-Counter ("OTC") medication(s) 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 arising out of the administration of said medication. I agree to hold harmless & indemnify ECWR and its representatives from and 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 medication on an as-needed basis during the ECWR Summer 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, and excessive or could lead to potential harm. I hereby request and give my consent for an adult ECWR representative, counselor, or designated staff member to dispense the noted OTC medications to my child. If none, please designate that below.

The following OTC medications that I provided may be dispensed to my child: Initial _____

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Benadryl (liquid/tablets)	<input type="checkbox"/> Antacid (TUMS)	<input type="checkbox"/> Oragel	<input type="checkbox"/> Sudafed
<input type="checkbox"/> Ibuprofen (Advil, Motrin)	<input type="checkbox"/> Naproxen Sodium (Aleve)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> None	

Prescription Medication Administration and Release Authorization: If a camper needs or may need to take a prescription medication during ECWR Summer Camp, the parent/guardian is responsible for supplying any prescription medication to an ECWR representative each morning at drop-off in a sealed bag. The parent/guardian will pick up the sealed bag of prescription medications when he/she picks up the camper at the end of each day. Prescription medications brought to ECWR Summer Camp must be listed on this form, have the original label & 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 Emerald Coast Wildlife Refuge ("ECWR") to administer the following physician prescribed medication/dosage to my child during ECWR Summer Camp. Medication must be in original containers with doctor authorization & original pharmacy label. I agree that ECWR representatives, counselors, and/or staff shall not be held liable for any loss, damage, injury, or liability of any kind to any person caused or arising from acts, omissions, or negligence of ECWR & representatives related to the administration of medication to the above referenced child. Initial _____

In summary, if your child brings OTC or prescription medication, they must be in separate, sealed bags: OTC medication in one sealed bag, prescription medication in another sealed bag. Your child'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 campers; only parents/guardians & 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 medication that my child, _____, requires. I have answered this truthfully & completely. If my child takes no prescription medication, I have written N/A (Not Applicable). Initial _____

Camper's Full Name: _____

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 his/her medical history. I have answered this truthfully and as completely as possible. If none, 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 _____
 _____ ase None Other (explain below)

• If yes to any, please explain. _____

• Has your child had a recent illness or injury that requires special attention or consideration during camp? Yes No

• If yes, please explain. _____

• 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 If yes, circle which one.

• 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 explain. _____

• Does your child have any allergies? This includes food, substances (latex, medication, etc.), animals, etc. Yes No
 If yes, please explain each allergy, triggers, effect, and treatment. _____

• Does your child have any mental, emotional, behavioral, developmental, or physical issues that may require specific attention during camp? Yes No If yes, please explain and include information on what ECWR representatives should be aware of and what precautions should be taken. _____

Accident Liability & Medical Services: Emerald Coast Wildlife Refuge ("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 & agreement prior to program participation, that the sponsoring organization/personnel will not be held liable in case of accident, injury, or illness. I hereby give permission for my child, _____, to participate in all ECWR program activities associated with ECWR Summer Camp. ECWR representatives will not be held responsible in case of accident, mishap, or illness. Should an emergency arise, I give my permission for ECWR representatives to authorize on my behalf all procedures, including admission to hospital & necessary treatment therein, injections, anesthesia and/or surgery, as he/she may deem essential for the care & 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#: _____ Name of Primary Care Physician: _____ Phone Number: _____

Address of Primary Care Physician (Street, City, State, Zip): _____ Preferred Area Hospital: _____

Note: Please write "Self-Pay" if there is no current policy for your child. If you do not have a hospital preference, please write "No Preference" and the closest facility will be selected.

Payment Method:

Check (Made payable to "ECWR")

Cash – Please do not mail cash. Email Emma (email found on page 1) to make arrangements.

Credit Card: Name on Card: _____ Card #: _____

Expiration Date: _____ Billing Zip Code: _____ CSC: _____ Signature: _____

Total Amount to be charged (include all camp sessions, extra t-shirts, etc): \$ _____

(You may pick up a copy of your credit card receipt on the first day of camp, unless other arrangements are made.)

Ready to submit this registration? Please make sure to check the following before sending it in: Did you answer every question, initial everywhere requested & thoroughly complete your child's medical history & medical insurance information sections? Again, this is for the overall safety of your child while they are at camp. Did you include payment? Please make sure to account for extra shirts.

Do you have any questions? Or is there any other information you would like to share or provide ECWR regarding your child and/or his/her involvement in a 2022 ECWR Summer Camp? You may use the back of page 5 for any notes or explanation or you can email me at mikaela@emeraldcoastwildliferefuge.org.

Camper's Full Name: _____

ECWR Office Use Only

Payment Delivery: Snail Mail Dropped Off In Person Email

Date Payment Processed: _____

Amount: \$_____ ECWR Representative: _____

Date Confirmation Email Sent: _____

Notes:
