

Saneka's Wildwood Environmental Summer Camp Registration

JULY 11-15, 2022 | \$175 PER CAMPER

Camper Name: _____ Age: 8 9 10 11 12 13
(Please circle)

T-shirt Size (youth): S M L XL Girl: _____ Boy: _____
(Please circle)

Address: _____

City: _____ State: _____ Zip: _____

PARENT / GUARDIAN RELEASE & EMERGENCY INFORMATION

Mother / Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Father / Guardian Name: _____

Cell Phone: _____ Work Phone: _____

If the above parent(s)/guardian not available, please contact:

Name: _____

Cell Phone: _____ Work Phone: _____

PARENT/ GUARDIAN: PLEASE READ CAREFULLY

I hereby give permission for my child to participate in the summer camp provided by Wildwood Garden Shoppe & Nursery with any/all activities associated with this week. I agree that my child is participating at his/her own risk, releasing Wildwood Garden Shoppe & Nursery and Saneka's Legacy its employees, volunteers and associated vendors, both now and in the future, from any accident, injury, illness or death which may occur as part of the program. In the event that my child is injured and requires emergency medical or dental treatment by a licensed practitioner, I hereby give my consent for the emergency transfer of my child to a hospital, and permission to the physician to secure proper treatment for and to order injection, anesthesia, x-rays, routine tests, treatment, transporting of child, surgery and to release reports necessary for insurance purposes for my son/daughter and that I will assume all financial responsibilities. It is understood that every effort will be made to contact me. I further understand that if my child is responsible for any damage done to any property, we as parents/guardians will be held responsible for my child's actions.

**Please submit to Wildwood Garden Shoppe at info@wildwoodbyaranda.com or deliver to 6 10th Avenue
Shalimar FL 32579 with payment in full.**

HEALTH HISTORY:

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Wildwood Garden Shoppe & Nursery or Saneka's Legacy upon participant's arrival in camp.

ALLERGIES List all known medical and food allergies. Only list food allergies if reactions are severe or fatal.

DIETARY RESTRICTIONS If your child requires a doctor prescribed diet, please indicate diet and reason below.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring only medicines to camp that require prescriptions. We will administer the medication if needed per parent/guardian instructions. Bring prescription medicines in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

THIS PERSON TAKES NO MEDICATIONS ON A ROUTINE BASIS.

THIS PERSON TAKES MEDICATIONS AS FOLLOWS:

Medicine: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

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Reason for taking: _____

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Reason for taking: _____

Use the space below to provide any additional information about the participant's behavior and physical, emotional or mental health about with the camp should be aware.

Please give most recent immunization dates for the following:

Tetanus: _____ DPT Series: _____

Polio: _____ Hepatitis B: _____

MMR: _____

Explain any restrictions of participation in full camp program/activities:

Name of participant's pediatrician or family doctor: _____

Office Phone: _____ Address: _____

Insurance Information:

Insurance Company: _____ Policy / Group Number: _____

Name of Insured: _____ Relationship to Participant: _____






Parent/Guardian Authorization: This health history is correct and complete as far as I know. I agree to notify Wildwood Garden or Saneka's Legacy if any change occurs in my child's medical condition before arriving at camp. The person herein described as permission to engage in all camp activities except noted above. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby waive and release Wildwood Garden Shoppe & Nursery and its staff from any and all liability for any injury or illness incurred at camp. Final Permission is given to use any pictures of the above mentioned minor for promotional purposes.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

Please submit to Wildwood Garden Shoppe at info@wildwoodbyaranda.com or deliver to 6 10th Avenue Shalimar FL 32579 with payment in full.

Camp Schedule

TIME	MONDAY JULY 11	TUESDAY JULY 12	WEDNESDAY JULY 13	THURSDAY JULY 14	FRIDAY JULY 15
9:00AM	WELCOME & INTRODUCTIONS	WELCOME & INTRODUCTIONS	WELCOME & INTRODUCTIONS	WELCOME & INTRODUCTIONS	WELCOME & INTRODUCTIONS
9:15AM - 10:00AM	INSECTS & THEIR ROLE	POLLINATORS	COMPOSTING	WATER TESTING	FLORIDA ECOSYSTEMS
10:00AM - 10:30AM	BALL GAME	GARDEN PROJECT <small>DONT FORGET YOUR GLOVES!</small>	RECYCLING	AQUAPONICS	PRESCRIBED BURNS
10:30AM - 12:00PM	NATIVE VS. INVASIVE	BUTTERFLY PAINTING BEE KEEPER TALK	RECYCLED ART / SEED PAPER	WATER POLLUTION ACTIVITY	TREES ON THE COAST TALK
12:00PM - 1:00PM	BRING YOUR OWN LUNCH	BRING YOUR OWN LUNCH	BRING YOUR OWN LUNCH	BRING YOUR OWN LUNCH	BRING YOUR OWN LUNCH
1:00PM	PICKUP 	PICKUP 	PICKUP 	PICKUP 	PICKUP 

Attire:

One camp t-shirt will be provided to each camper as their required attire for the week. All campers must wear closed-toed shoes.

The following are additional items that we recommend all camper(s) bring to keep them safe and comfortable while at camp:

- Reusable water bottle & sack lunch
- Backpack/bag to carry personal belongings to, during and from camp
- Sunblock
- Sun hat & gardening gloves

Saneka's Wildwood is an outdoor camp and masks are not required. Wildwood Garden reserves the right to cancel any program due to minimum enrollment, inclement weather, or unforeseen circumstances.

Payment must be made in full to reserve your spot, if paying by check make payable to Wildwood Garden Shoppe & Nursery, and deliver to:
6 10th Avenue, Shalimar FL.



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