

DADE BATTLEFIELD Pioneer Day Camp REGISTRATION 2019

Please fill out the information below and return to: **Dade Battlefield Historic State Park 7200 Battlefield Parkway, Bushnell, FL 33513**

CAMPER'S NAME: _____
GENDER (circle one): Male or Female GRADE he/she will be entering: _____ AGE: _____
PARENT'S NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: HOME: _____ WORK: _____ CELL: _____
EMAIL ADDRESS: _____
EMERGENCY CONTACT: _____ Phone# _____ (other than parent/guardian)
T-SHIRT SIZE (circle one): Youth S M L XL Adult S M L XL

CAMP COST: \$70/CHILD for 5 days, 9 a.m. – 3 p.m.
Please make checks payable to **Dade Battlefield Society**
Please remember to have a bag lunch each day for your child

DATE OF CAMP YOU ARE REGISTERING FOR: **June 10 - 14, 2019**
DATE OF REGISTRATION: _____
PHYSICIAN'S NAME: _____ PHONE: _____
Does your child have **any** medical problems we should be aware of? YES _____ NO _____
If YES, please explain: _____
List any medications your child is currently taking: _____
List any drugs your child is allergic or sensitive to: _____
List any other known allergies (food, insect bites, etc.): _____
List any special needs your child might have: _____
Please list the person/persons authorized to pick up your child from the Pioneer Day Camp:

- | | |
|----------------|---------------|
| 1. Name: _____ | Phone # _____ |
| 2. Name: _____ | Phone # _____ |
| 3. Name: _____ | Phone # _____ |
| 4. Name: _____ | Phone # _____ |

The Dade Battlefield Historic State Park shall be held harmless for any injuries that result from participation in the summer camp program. In the event of an emergency requiring attention, I authorize representatives of the Dade Battlefield State Park to obtain and give consent for the administration of whatever medical treatment is deemed necessary, including but not limited to the administration of an anesthetic and surgery. I do hereby release the Dade Battlefield Historic State Park and its representatives from any and all claims which may arise from said representatives obtaining and consenting to medical treatment. I also authorize minor first aid as needed for my child.

I understand that the Dade Battlefield Historic State Park and its representatives reserve the right to terminate my child's participation in the Nature Days camp program at any time during the session if their health or behavior warrants and that no refunds will be issued. General refunds for camp week must be requested two weeks prior to the start of camp.

Parent/Guardian Signature: _____

Each camper will need to bring water, **a bag lunch**, a change of clothes including shoes, and anything else to make their stay more comfortable with us. We will spend a good majority of the day outside so please put sunscreen on your child before camp. If your camper needs bug spray please also apply that before camp. We will supply each camper with, snacks, and all additional supplies needed. **Note: Drop-off time for the camp is 8:30-9 a.m. Pick-up time is 3:00 -3:30 p.m.**