

CAMPER REGISTRATION PACKET

SYCC Summer Camp 2018



Thank you for your interest in Suncoast Youth Conservation Center's summer camps! Please review the important information below. Contact Kathy.Guindon@MyFWC.com if you have any questions about the camp programs or registration. Looking forward to a great summer!

REGISTRATION PROCEDURES

- Registration begins February 1, 2018.
- Complete this packet and include payment in order to hold your camper's space at camp.
- Spaces are filled on a first-come, first-served basis.
- If you are limited to one certain week, and it is full, your name will be added to a waiting list.
- Please inform us two weeks in advance if you need to cancel a reservation so others on the waiting list may take advantage of our program. If you cancel with less than a two week notice, you may be assessed the full program fee.

TO REGISTER

- Print and complete this camper registration packet.
- Make checks or money orders payable in full to Fish and Wildlife Foundation of Florida.
- Mail packet and payment to:
SYCC Summer Camp
6650 Dickman Rd.
Apollo Beach, Florida 33572

PARENTS... PLEASE NOTE

- Program selection is based on your child's completed grade level for the 2017-2018 school year.
- Programs may be altered in cases of extreme heat or inclement weather.
- Parents/guardians must furnish transportation to and from camp every day.
- Campers must bring their own lunch daily.
- Drop off is from 8:00 until 8:30 a.m. Monday through Friday.
- Pick up is from 4:30 until 5:00 p.m. Monday through Thursday. Friday pick-up time is 3:00 p.m.
- To protect the health of campers and staff, if your child is sick, let the camp director know and keep him or her home from camp. If it is determined to be a contagious illness, SYCC must be notified. If your child becomes ill during the day at camp, parents/guardians will be contacted. IN ALL CASES OF CONTAGIOUS ILLNESS, a doctor's note stating that the child is no longer contagious is required in order to return to camp.
- Camper safety is our first priority. Our camp is staffed with certified program instructors. The hiring process includes interviews, reference checks and criminal background screening.
- If your child has any severe medical, behavioral, or emotional issues, please call to discuss the appropriateness of our camp programs with the camp director prior to enrollment.



Florida Youth Conservation
Centers Network



Florida Fish and Wildlife
Conservation Commission

MyFWC.com

SYCC CAMPER REGISTRATION PACKET

Summer Camp 2018

FOR OFFICE USE ONLY	
Date Received: / /	<input type="checkbox"/> Paperwork
	<input type="checkbox"/> Spread Sheet
<input type="checkbox"/> PMT, Batch: _____	<input type="checkbox"/> Confirmation Sent
CHK: _____	/ /

Beginning February 1, send your completed registration forms and payment to SYCC Summer Camp, 6650 Dickman Rd. Apollo Beach, Florida 33572 . All applications will be acknowledged with a confirmation email. Please submit one packet per camper. Note: Grade level is based on grade completed in the 2017-2018 school year.

Camper's Name:

Date of Birth: / / Age: Grade completed in 2017-2018: Sex: Male Female

Camper's Primary Address:

Parent/Guardian 1 :

Relationship to Camper: Cell Phone:

Home Phone: Work Phone:

Address (if different from camper's):

E-mail Address:

Parent/Guardian 2 :

Relationship to Camper: Cell Phone:

Home Phone: Work Phone:

Address (if different from camper's):

E-mail Address:

Please check the camp program(s) your child is available to attend.

<p>Saltwater Fish Camp:</p> <p><input type="checkbox"/> Week 1: June 18-22, Grades 3-5</p> <p><input type="checkbox"/> Week 2: June 25-29, Grades 6-8</p> <p><input type="checkbox"/> Week 3: July 9-13, Grades 3-5</p>	<p>Kayak Adventures Camp:</p> <p><input type="checkbox"/> Week 4: July 16-20, Grades 6-8</p>	<p>Marine Science Camp:</p> <p><input type="checkbox"/> Week 5: July 23-27, Grades 3-5</p> <p><input type="checkbox"/> Week 6: July 30-Aug 3, Grades 6-8</p>
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Camper attending with a friend. Name of friend:

T-Shirt Size: Child sizes: S M L Adult sizes: S M L XL

Parent/Guardian Signature: Date:

Registration fee is \$190 per week, per camper. Please include a separate check, cashier's check or money order for each week of camp. Make all payments payable to the Fish and Wildlife Foundation of Florida.

HEALTH INFORMATION

The following health-related sections of this registration packet must be completed and notarized.

Camper's Name:		Age:
Date of Birth: mm/dd/yy		Sex: <input type="radio"/> Male <input type="radio"/> Female
Camper's Primary Address:		
Parent/Guardian:		
Relationship to Camper:	Cell Phone:	
Home Phone:	Work Phone:	
Address (if different from camper's):		
E-mail Address:		
Physician Name:	Physician Phone:	
Physician Address:		

EMERGENCY CONTACTS If I'm not available in an emergency, please notify:

1. Name:	Phone:
2. Name:	Phone:

INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No

Health Insurance Provider and Policy Number:

*****IMPORTANT – THIS BOX MUST BE COMPLETE AND NOTORIZED FOR ATTENDANCE*****
****A photocopy of the front and back of your health insurance card must be attached to this form.****

This health history is correct and complete to the best of my knowledge. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Sworn to and subscribed before me this _____ day of _____ 20_____

Signature of Parent or Guardian

Date

Notary Public:

My Commission expires:

HEALTH INFORMATION (continued)

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel background information to provide appropriate care. Keep a copy of the completed form for your records. Please complete in detail so the camp can be aware of your camper's needs.

CONDITION	Yes	No	EXPLAIN (Attach extra sheet if needed.)
Up-to-Date on required school immunizations?			Date of last tetanus shot:
Recent injury, illness or infectious disease			
Chronic or recurring illness/condition			
Asthma or other respiratory condition			Last Attack:
Hypertension (e.g. high blood pressure)			
Heart disease, heart attack, chest pain or heart murmur			
Stroke/TIA			
Frequent headaches			
Seizures (e.g. epilepsy)			Last seizure:
Serious injury or knocked unconscious			Date of Injury:
Psychiatric, behavioral, neurological and/or emotional diagnosis			
Eating disorder			
Blood disorder (e.g. sickle cell disease, clotting disorder)			
Fainting spells or dizziness during or after exercise			
Ear/sinus problems (hearing aid)			
Frequent sore throats or colds			
Abdominal/digestive problems (e.g. upset stomach, diarrhea)			
Muscular/skeletal condition (e.g. back pain)			
Skin condition (e.g. itching, rash, acne)			
Excessive fatigue or shortness of breath with exercise			
Thyroid disease			
Kidney disease			
Ever been hospitalized?			
Surgery			Last surgery:
Mononucleosis in the past 12 months?			
Been sick in the last week?			
Wear eye glasses, contacts or protective eye-wear?			
Will an orthodontic appliance be brought to camp? (e.g. retainer)			
Will an orthopedic appliance be brought to camp? (e.g. ankle brace)			
Other:			

Is your child DIABETIC? <input type="radio"/> Yes <input type="radio"/> No If yes, how often is blood sugar checked?		
Insulin? <input type="radio"/> Yes <input type="radio"/> No	Type	How often?
Correction dose? <input type="radio"/> Yes <input type="radio"/> No	If so, order:	
Glucagon? <input type="radio"/> Yes <input type="radio"/> No	Glucose tablets? <input type="radio"/> Yes <input type="radio"/> No	

HEALTH INFORMATION (continued)

ALLERGIES (Use an additional sheet if necessary.) My child has no known allergies.

Medication Allergies (list)	Food Allergies (list)	Insect Allergies (list)
<p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling</p> <p>Location: _____</p> <p><input type="radio"/> Trouble breathing</p> <p><input type="radio"/> Wheezing</p> <p><input type="radio"/> Blue around the mouth</p> <p><input type="radio"/> Other: _____</p> <p>_____</p> <p>Does child have an EpiPen?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Did you send it to camp?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling</p> <p>Location: _____</p> <p><input type="radio"/> Trouble breathing</p> <p><input type="radio"/> Wheezing</p> <p><input type="radio"/> Blue around the mouth</p> <p><input type="radio"/> Other: _____</p> <p>_____</p> <p>Does child have an EpiPen?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Did you send it to camp?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Rash <input type="radio"/> Hives <input type="radio"/> Swelling</p> <p>Location: _____</p> <p><input type="radio"/> Trouble breathing</p> <p><input type="radio"/> Wheezing</p> <p><input type="radio"/> Blue around the mouth</p> <p><input type="radio"/> Other: _____</p> <p>_____</p> <p>Does child have an EpiPen?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Did you send it to camp?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

List other allergies including hay fever, animal dander, poison ivy, etc.

ADDITIONAL HEALTH DISCLOSURE (Use an additional sheet, if necessary.)

Please use this space to provide any additional information about the camper's overall health. We acknowledge that each camper is unique, and that includes specific *behavioral, physical, emotional or mental health* considerations. Each individual's needs are treated with dignity and this information is kept private.

RESTRICTIONS/NECESSARY ADAPTATIONS My child may participate in all camp activities.

Please check the ones in which he/she may **NOT** participate while at camp.

Hiking

Fishing

Boating

Canoeing/Kayaking

Other _____

Please explain any restrictions your camper may have: (For example, which activities cannot be performed, what adaptations may be necessary, etc.):

Swimming ability: Non-swimmer Beginner Intermediate Advanced

HEALTH INFORMATION (continued)

MEDICATIONS BEING TAKEN	<input type="checkbox"/> My child is not taking any medication.
List ALL medications taken routinely (including over-the-counter or nonprescription drugs). Bring enough medication to last the week. Keep in original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage and frequency of administration. (Use an additional sheet if necessary.) *** Medication will be given as written on Rx bottle. Be sure to bring medications with correct instructions. ALL medications MUST be given to Camp Director at check-in ***	
Medication #1: _____ To be given at camp? <input type="radio"/> Yes <input type="radio"/> No Dosage? _____ Times taken each day? _____ Reason for medication? _____ _____	
Medication #2: _____ To be given at camp? <input type="radio"/> Yes <input type="radio"/> No Dosage? _____ Times taken each day? _____ Reason for medication? _____ _____	
Medication #3: _____ To be given at camp? <input type="radio"/> Yes <input type="radio"/> No Dosage? _____ Times taken each day? _____ Reason for medication? _____ _____	

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION
By initialing below you are directing how first-aid certified staff and/or the designated medical staff are to administer first-aid care for minor injuries, insect bites, stings, headaches, stomach aches, etc., as needed.
<p>1. Initial one of the following statements: _____ The camp may administer any over-the-counter medication as deemed necessary by the medical staff or first-aid certified staff. _____ No over-the-counter medications may be administered to my child. _____ Only the following over-the-counter medications may be administered to my child: _____</p> <p>2. Initial one of the following: _____ My child has no known medication allergies. _____ My child is allergic to the following medications: _____</p> <p>3. Initial one of the following: _____ If my child forgets or loses his/her sunscreen the camp has my permission to provide any sunscreen deemed necessary. _____ If my child forgets or loses his/her sunscreen the camp DOES NOT have my permission to provide any sunscreen deemed necessary.</p> <p>3. Initial one of the following: _____ If my child forgets or loses his/her bug spray the camp has my permission to provide any bugspray deemed necessary. _____ If my child forgets or loses his/her bug spray the camp DOES NOT have my permission to provide any bugspray deemed necessary.</p> <p>4. Initial one of the following below. _____ I give permission for trained staff at the camp to administer first-aid treatment to my child. I will not hold the Florida Youth Conservation Centers Network or Florida Fish and Wildlife Conservation Commission responsible per my direction. _____ I DO NOT give permission for trained staff at the camp to administer first-aid treatment to my child. I will not hold the Florida Youth Conservation Centers Network or Florida Fish and Wildlife Conservation Commission responsible per my direction. (Additional form required.)</p> <p><i>Please Note: Bring all medications (prescriptions, over-the-counter and vitamins) when signing your child in at camp. All must be in original containers. All medications must be turned into the camp director for distribution at the appropriate times each day.</i></p>

Signature of Parent/Guardian (Verifies information above)

Date

FOR OFFICE USE ONLY		
I have reviewed the health information for this camper.	Camp Director's Initials _____	Date _____

RELEASES

PICK UP RELEASE AUTHORIZATION	
This section must be filled out even if you feel you are the only person that will be picking up your camper. Who would you send in the event you were unable to pick up your child?)	
Camper's Name:	
Which camp attending?	
_____ (Initial) I give permission for the following people to pick up my child. I agree that I, or the person(s) I authorize, will check my child out and I understand that I/they will be asked to show photo identification.	
<i>List names and phone numbers of people including parent(s) and emergency contacts permitted to pick-up your child:</i>	
Authorized Pick Up Person	Phone Number (include area code)
1.	
2.	
3.	
4.	
5.	
<div style="border: 1px solid black; width: 50%; height: 30px; margin: 0 auto;"></div> Signature of Parent/Guardian (Verifies information above)	<div style="border: 1px solid black; width: 20%; height: 30px; margin: 0 auto;"></div> Date

PHOTO RELEASE FORM FOR MINORS	
<p>Florida Fish and Wildlife Conservation Commission (FWC)/Suncoast Youth Conservation Center (SYCC) plans to use photographs, videos or voice recordings of minor children. I am the parent or legal guardian of the minor child named below. I, the undersigned, consent and agree that Florida Fish and Wildlife Conservation Commission, including its employees, agents and representatives may photograph my minor child with a television camera, video camera or digital camera.</p> <p>_____ I hereby consent to the use, publication or display by or on behalf of FWC and SYCC, any photographs and any reproduction thereof or any video or voice recordings in which my minor child may be portrayed or identified. It is understood that Florida Fish and Wildlife Conservation Commission may use, publish and display such photos, photo reproductions and video or voice recordings thereof, in whole or in part, for any promotional or commercial purpose (e.g., website, slide shows, brochures, newspapers/magazine articles or other news releases). I waive all claims for any compensation for such use and waive any and all claims for damages of any kind arising directly or indirectly out of this activity.</p> <p>_____ I do not consent to my child being interviewed, photographed or filmed by news media representatives by Florida Fish and Wildlife Conservation Commission staff or volunteers.</p>	
Minor Child's Name:	
Minor Child's Primary Address:	
Parent/Guardian's Home or Cell Phone:	Parent/Guardian's Work Phone:
<div style="border: 1px solid black; width: 50%; height: 30px; margin: 0 auto;"></div> Signature of Parent/Guardian (Verifies information above)	<div style="border: 1px solid black; width: 20%; height: 30px; margin: 0 auto;"></div> Date

SYCC CODE OF CONDUCT

The staff of this camp is committed to providing a safe and enjoyable experience for your child; however, campers are also responsible to assist in these efforts. Parents are responsible to make sure their child brings the appropriate clothing and items to camp. You must review this code of conduct with the camper.

BEHAVIOR

1. Campers will accept and get along with others. Put-downs, bullying, foul language, malicious teasing, practical jokes, etc., will not be tolerated from any camper. Campers will be sensitive to others in terms of race, religion, physical characteristics, regional differences and language. Ethnic or religious slurs or jokes will not be tolerated.
2. Campers will respect others and their property. Campers will refrain from touching others in any harmful or inappropriate way.
3. Campers will follow directions the first time they are given. Most of our directions are for the safety of campers and second chances may be too late.
4. Campers are prohibited from bringing firearms, flammables or explosives into the camp. Violation of this policy is grounds for automatic dismissal.
5. The SYCC is a tobacco, alcohol and drug free camp. Use and/or possession of tobacco, alcohol, drugs and/or any other substance defined as a drug are grounds for automatic dismissal.

HEALTH AND SAFETY

6. Campers will wear closed-toe/closed-heel shoes at all times.
7. Campers will use the buddy system and be supervised by instructors while at camp.
8. Campers will pay attention to their surroundings and use care in all activities.
9. Campers will adhere to all safety rules and regulations given for each activity he/she participates in while at camp.
10. To protect the health of campers and staff, please keep your child home from camp if they are sick. If it is determined to be a contagious illness, please let the camp director know. If your child becomes ill during the day at camp, parents/guardians will be contacted. IN ALL CASES OF CONTAGIOUS ILLNESS, a doctor's note stating that the child is no longer contagious is required in order to return to camp.
11. All staff members receive First Aid/CPR/AED training prior to camp. In the event a camper becomes ill or injured at camp, the staff member will make the determination whether the incident is a non-emergency or emergency situation. If it is determined to be an emergency, protocol will be followed and emergency personnel will be contacted, as well as parents/guardians. If it is determined to be a non-emergency, staff will apply first aid measures, and parents/guardians will be notified if deemed necessary.

GENERAL

12. Campers will inform staff if they are experiencing a problem with another camper or other issue. If we are not informed about a problem, we cannot stop the problem or assist the camper. It is the camper's responsibility to seek assistance. If a problem arises between a camper and a particular staff member, the camper needs to seek assistance from another staff member or camp director.
13. All personal belongings and/or equipment brought to camp are the camper's responsibility.
14. SYCC administrative staff may communicate with parents/guardians by phone, email, written handouts or other means regarding campers.
15. We expect all campers to have fun at camp but not at the expense of others. No one should be mistreated by another person while at camp.
16. Campers may find that the camp experience offered by the Suncoast Youth Conservation Center is not suited for them. Discussing this with staff is better than complaining about their situation with other campers.
17. Violation of the CODE OF CONDUCT is grounds for automatic dismissal. Refunds are not given when a camper is dismissed for violations of Camper's Code of Conduct.

I have read the above CAMPER'S CODE OF CONDUCT. I agree to follow all of the above rules to ensure that my camp experience (as well as that of other campers in attendance) at the Suncoast Youth Conservation Center is a positive one. I understand that failure to obey to these rules may result in my dismissal from the program and camp fees will not be refunded.

Camper's Signature

Date

I understand and certify that my child's participation in the Suncoast Youth Conservation Center and its activities is completely voluntary. I have familiarized myself with the camp's programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the camp's events and programs. I acknowledge that although the camp has taken safety measures to minimize the risk of injury to camp participants, the camp cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's CODE OF CONDUCT for the safety of all camp participants.

Name Signature of Parent/Guardian

Date