



winter camp

GRADES 2ND-5TH

2018

Camp Hours: 9:00 AM - 4:00 PM (Before care and after care available)

PRICING: Winter Day Camp	
Member: Each day	Non-Member: Each day
\$60	\$80

Scan and email to CherylL@conservancy.org; Or fax to 239.263.3019. Or mail with check to Conservancy of Southwest Florida, 1495 Smith Preserve Way, Naples, FL 34102, ATTN: Cheryl

Child's Name: _____
 Age: _____ Date of Birth: _____ Grade: _____
 School: _____
 Parent(s)/Guardian's Name(s): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email address: _____
 Home Telephone: _____ Cellular: _____
 Work Telephone (Mother): _____ Work Telephone (Father): _____
 Name of Additional Contact: _____
 Home Telephone: _____ Cellular: _____
 Physician and/or Health Care Facility: _____
 Allergies: _____ Severity: _____
 Please specify any Medical/Behavior Accommodations or Concerns: _____

WINTER CAMP Dec. 27 Dec. 28

Cancellations and Refunds: We will be glad to provide a full refund minus a \$30.00 processing fee with a two week notice. Please submit all cancellations in writing. Fax to 239.263.3019 or e-mail CherylL@conservancy.org

Please make check payable to *Conservancy of Southwest Florida* or charge your program fee to credit card:

Visa Mastercard American Express

Name on Card: _____ Card Number: _____

Exp. Date ____/____/____ Billing Zip Code _____ CV Code _____

RELEASE (please read, sign and date)

I, the undersigned, in my individual capacity as parent or guardian of _____, age _____, being a minor child, hereby release and hold harmless The Conservancy of Southwest Florida, their officers, volunteers, employees, instructors and supervisors from any and all liability or damages, both personal and property, arising out of or as a result of said minor child's attendance at Winter Camp.

I assume all risks incident thereto with respect to myself and to any other individuals for whom this registration is made.

I give permission for The Conservancy of Southwest Florida, their officers, volunteers, employees, instructors and supervisors to provide routine first aid and seek medical treatment if an incident arises. I also give permission to Conservancy of Southwest Florida staff to transport my child in a Conservancy vehicle as it pertains to winter camp.

The Conservancy occasionally takes photos or videos of participating children for use in its newsletters and publications. Also, on occasion, local news media may visit our facilities to in covering various Conservancy events. By signing this permission slip, I acknowledge awareness that my child's photograph or video may be taken at times for promotional or news coverage purposes. I understand that my child's essay, photos and video taken by the Conservancy become property of the organization and may be used in promotional materials now and/or in the future.

Signature of parent or guardian _____ Date _____