

Navarre Beach Marine Science Station 2012 Summer Camp Registration Form

Please fill out one form per camper.

Camper Name _____

Grade level (upcoming school year) _____

Parent/Guardian Names _____

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone #'s _____

Check which camp session your camper will be attending:

Inside Out Invertebrates June 18-22 (9am-3pm)

Grades 3-5

Grades 6-8

Dive into the Ocean Zones July 2-6

(9am-3pm) Grades 3-5

(9-12 half day) Grades k-2

Habitat is where it's At July 23-27

Grades 3-5

Grades 6-8

Fins and Flippers Aug 6-10

(9am-3pm) Grades 3-5

(9-12 half day) Grades k-2

Please sign up campers for the appropriate group based on their upcoming school year grade level.

Parents do not accompany campers.

Payment must accompany registration form. **Sorry no refunds.**

Make check payable to: **Navarre High School**

Registration is by mail only

Detailed information will be e-mailed upon receipt of paid registration.

\$175.00 per week X _____ Total Payment Included = \$ _____
(\$100 for half day k-2) # of Camps

Camper will receive a T-shirt. Please circle their size:

Youth - S M L Adult - S M L XL

Questions? Contact us at: navarresciencestation@gmail.com (850) 936-6080 ext 9

REGISTRATION over the phone, by fax, or by e-mail is not acceptable

Mail forms and payment to: NBMSS 8638 Blue Heron Court Navarre Beach, FL 32566

Navarre Beach Marine Science Station
Santa Rosa County School District

EMERGENCY MEDICAL TREATMENT

Student Name: _____
Date of Birth: _____
Parent/Guardian Name: _____
Program Title: *Science by the Sea Summer Camp*
Date of Program: _____
Student Address, City, State, Zip: _____
Age: _____ Emergency Phone #: _____
Gender M / F
Health/Accident Insurance Company (Name & Policy Number): _____

COPY OF INSURANCE CARD, FRONT & BACK, IS REQUIRED

Emergency Contact: _____ Emergency Phone #: _____
IMPORTANT: Please list ANY physical limitations, medical problems, and special dietary/medical needs: _____
Medicines must be administered by the student. If no special considerations need to be made, please write "N/A." _____

RELEASE AND WAIVER OF LIABILITY

I give permission for the Navarre Beach Marine Science Station staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the Navarre Beach Marine Science Station Education Program, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless the Santa Rosa County School District, its employees, trustees, officers, volunteers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored through the NBMSS, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

Signature of Parent/Guardian

Date Signed