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**Coastal Nature Camp**

**PRINT THIS PAGE TO KEEP FOR YOUR RECORDS**

 **CAMP SESSION 2:**

 **June 22nd – 25th, 2020**

***Space is limited to 5 campers, please make reservation 956-761-6801 ext. 105 or***

***email to*** ***Naturalist@spibirding.com***

**SPIBNC Coastal Nature Camp is for children ages 7-12. Participants MUST be 7 years old by time of camp session. Camp activities are NOT appropriate for children under 7. Please adhere to this policy or risk forfeiture of camp participation and fee if child is determined to be under 7 years old.**

**We will be holding summer camps with the safety of your children and our staff as our priority. We are limiting camp sessions to 5 campers and are making extensive changes to how we operate camp in a COVID-19 context.**

**FEES:**

Camp session is 4 days (Monday-Thursday). Cost per child is $100.00. We are not accepting single day registrations. A non-refundable pre-registration deposit of $25.00 per child is required with the application and is due no later than 2 weeks prior to your camp session. If the deposit is not received by this time, your child may lose his or her place in the camp. The fee balance is due at sign-in. The fee includes all costs of instruction, class materials, etc. We accept cash, checks, or credit cards**. Make checks payable to SPI Birding Nature & Alligator Sanctuary.**

***PLEASE SEND PAYMENT TO:***

**SPI Birding & Nature Center**

**6801 Padre Blvd**

**South Padre Island, Texas 78597**

**Attn: Birding Summer Camp**

**You can also make payments on our website via the following link:**

[**www.SPIBirding.com/coastal-nature-camp-2020**](www.SPIBirding.com/coastal-nature-camp-2020)

**MEALS**

Each camper will be required to bring their own reusable water bottle and lunch to help minimize contact.

**PICK UP/DROP OFF/TRANSPORTATION**

Sign-in is between 8:45 to 9:00 a.m. each day.

**All daily activities are from 9:00 a.m. to 1:00 p.m.** Please be on time to pick up and drop off your child. ***Please******do not drop off your child earlier than 8:45 a.m****.*

Participants must be signed in and out each day by a parent or guardian specified on Parental/Guardian Permission Sheet.

**CONTACT INFO:**

Phone: 956-761-6801 ext. 105

FAX: 956-761-4523

Email: Naturalist@spibirding.com

**\*\*Deposit of $25 per child is due no later than**

|  |  |  |
| --- | --- | --- |
| **Amount included** **with registration: $** **Make checks payable to: SPI BIRDING CENTER** | **Balance: $** **(leave this blank))** |  |
| SPIBNC Coastal Nature Camp**June 22 - 25, 2020****Camp is for kids ages 7 to 12 yrs old. Participants MUST be 7 yrs old by time of camp session.**  |
| **Child’s Name** | **Age** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4.  |  |
| 5. |  |
| **Mother’s name:** |  | **Cell phone:** |  |
| **Father’s name:** |  | **Cell phone:** |  |
| **Email** **address:** |  | **Home phone:** |  |
| **Mailing address:** |  |
| **Emergency contact (name/relation/phone number):**  |
| **Allergies/meds:** |
|  |
|  |
| **PARENT/GUARDIAN CERTIFICATION FOR PARTICIPATION IS REQUIRED FOR CHILDREN PARTICPATING. REGISTRATION WILL BE VOIDED WITHOUT SIGNATURE.***This is to certify that as the parent/legal guardian of the above named participant, I give my child permission for his/her participation in the SPI Birding Center Day Camp. I further certify that I release from any and every liability, claim, right of action of any kind or nature which my child’s legal representative may have for any and all bodily or personal injuries or property damages and any other damages resulting there from which might occur during participation in this facility which this program is conducted.* |
| **Parent/Legal Guardian Name** | **Parent/Legal Guardian Signature** | **Date** |
|  |  |  |
|  |  |  |

Send Registration Form to

Naturalist Educator, Javier Gonzalez at

Naturalist@spibirding.com

**Child Health Screening Form**

**Please answer the following questions to the best of your ability:**

Child Health Screening Form Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a fever, cough, sore throat, or shortness of breath or exhibited any of these symptoms in the past two weeks? Y or N \_\_\_\_\_\_

Has your child or anyone in the household traveled outside the country in the past month? Y or N \_\_\_\_\_

Has your child been in contact with anyone who has tested positive with COVID-19? Y or N \_\_\_\_\_\_

Is anyone in your child’s household experiencing signs of illness? Y or N \_\_\_\_\_\_

Parent Signature (agreeing to the information): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Personnel Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_