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Facility Contact Information

Camp Director, Devyn Hamann Devyn.Hamann@MyFWC.com (561) 273-4345 Main Office, Dawn Herron Dawn.Herron@MyFWC.com (561) 624-6929

Overview

General Information

Each of our Holiday Programs will have a different theme appropriate for campers in 3rd-5th grade. Each program will feature different activities and games centered around the focus of the program. In addition to those activities, the campers will participate in one to two rotational activities per day: paddle sports, fishing, archery, or swimming (weather and time permitting.) Note: the program will be cancelled if the minimum number of 10

participants is not met by the deadline date.

Questions Contacts Devyn Hamann, Camp Director <u>Devyn.Hamann@MyFWC.com</u> 561-273-4345

Fall 2022 Program Offering;



Join this three-day program to learn about the invasive reptile, fish, and plant species that call the Everglades home. Participants will engage in lessons, games, and activities aimed at discovering how invasive species affect the natural wildlife and landscape of the Everglades.

Everglades Exploration: December 27th – 30th

This four-day program is designed for participants to learn all about one of the most unique ecosystems found on earth – the Florida Everglades! Participants will discover the distinctive characteristics of the Everglades by hiking and kayaking, while also engaging in hands on activities to further their knowledge of wetland ecosystems.

Program Information

Program	Date	Registration and Payment Deadline	Cost of Program
November Program	November 21 st - 23 rd	November 14 th	\$100 for the first child \$80 per sibling
December Program	December 27 th – 30 th	December 20 th	\$150 for the first child \$125 per sibling

Detail;



Programs run from 8:00am – 2:00pm daily



Child pick-up runs from 2:15pm-2:30pm daily

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Participants are expected to attend the entire program. We will not accept registrations for only part of the program or partial payment.



Space is limited for each program. Programs cap out at 20 participants. If the minimum number of 10 participants is not met, the program will be cancelled.

Program Information

Detail;

- All EYCC programs are for children currently in grades 3rd 5th
- High school children can participate as volunteers for community service hours.
 - HS children must bring the Community Service Log sheet for their High School for each day of participation.
 - Must call the camp office to register as the number of high school students will be limited to 6 each day.
- Lunch and snacks are NOT provided. Parents will need to send in a packed lunch with snacks for the day.
- Camp store will be open (cash only/no more than \$5 per day)

EYCC Policies

Campers MUST:

- Wear clothing appropriate for the weather
- Wear sneakers
- Leave cell phones at home
- Have a backpack with the following items:
 - Sunscreen
 - Reusable water bottle
 - Extra change of clothing
- Adhere to camp behavior guidelines
 - Be kind regardless of differences
 - Follow directions first time they are given
 - Respect others and their property
 - Use appropriate language

Please Note:

- If your child is having continuous behavior problems, the camper will be dismissed from the program.
- Offenses, such as harming or threats to harm others, constantly bullying or sexual harassment of others, or stealing will be immediate dismissal from camp. There may be other issues that require immediate dismissal and are at the discretion of the camp's director.

Holiday Program Registration Form Part 1 of 7

Part 1 of 7

Program Selection

Select a program below:

Program	Date	Cost	Check if attending	Total number of children registering
November Program	November 21 st - 23 rd	\$100 for the first child \$80 per extra sibling		
December Program	December 27 th — 30 th	\$150 for the first child \$125 per extra sibling		
Total:				

Payment Information

- Make Checks payable to the Fish and Wildlife Foundation of Florida (FWFF)
- The programs offered are multi-day programs. Participants are expected to attend the entire program. We will not accept registrations or payment for only part of the program.

Holiday Program Registration Form Part 2 of 7 **Participant Information Child's Name:** Grade Level: Male/Female: Age: **Sibling 1 Name:** Male/Female: Grade Level: Age: **Sibling 2 Name:** Male/Female: **Grade Level** Age: **Parent/Guardian's Name: Relation to Child:** Phone: Email: Address: **Parent/Guardian's Name: Relation to Child:** Phone: Email:

Holiday Program Registration Form Part 3 of 7

Health Information

Would your child benefit from program modification due to a health condition or disability?

Yes No

(If yes, the camp director will contact you to discuss upon receiving these documents.)

Allergies and Diet:

Does your child have any dietary restrictions? If yes, please explain:	Yes	No
Does your child have any allergies?	Yes	No

Please list your child's allergies:

What are the signs/symptoms of his/her allergic reaction?:

Does your child require an EPI Pen?YesNoIf yes, you must provide the camp with one prescribed for your child.

Is there anything else about your child you would like to discuss with the camp staff?

Yes

No

If yes, please explain:

Holiday Program Registration Form Part 4 of 7

Medications

- My child takes NO medications on a routine basis
 - My child does take medications on a routine basis

Medications being taken

List ALL medications taken routinely (including over-the-counter and nonprescription drugs.) Bring enough medication for the day if needed. Keep in original packaging/bottle that identifies prescribing physician, name of medication, dosage, and frequency of administration.

Med #1:	Med #2	Med #3
Dosage:	Dosage:	Dosage:
Time Taken:	Time Taken:	Time Taken:
Reason for Med:	Reason for Med:	Reason for Med:

Holiday Program Registration Form Part 5 of 7

EYCC Camp Waiver

Child's Name:_

I certify that my child is in good health and capable of full participation in the activities of the Everglades Youth Conservation Camp. I am aware that during outdoor recreational activities that my child is participating in under the arrangements of the Florida Youth Conservation Centers Network, certain dangers may occur, including but not limited to physical exertion and contact with water, plants, insects and animal life associated with out-of-doors activities.

In consideration of, and as part payment for my participation in such activities arranged for my child by the Everglades Youth Conservation Camp, I will and do hereby assume all of the above mentioned risks, and will hold the Everglades Youth Conservation Camp, Florida Youth Conservation Centers Network or Florida Fish and Wildlife Conservation Commission, the State of Florida and its employees, agents, officers, teachers and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, demands of every kind and nature whatsoever which may arise from or in my child's connection with his/her participation in the activities.

Parent or Guardian Signature

Date

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for 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.

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 my child.

Holiday Program Registration Form Part 6 of 7

Pick Up Release Authorization

Camper's Name(s):_

I give permission for the following people to pick up my child from camp. I agree that I, or the person(s) I authorize, will check my child out with the camp administrator in the Dining Hall before leaving the grounds and I understand that I/they MUST show photo identification to verify Identity.

Parent or Guardian Signature	Date	2
Name	Contact Number	Relation to Child

Photo Release Form for Minors

Camper's Name(s):

Florida Youth Conservation Centers Network/Florida Fish and Wildlife Conservation Commission withes 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 the Florida Youth Conservation Commission, including its employees, agents, and representatives, through the Florida Youth Conservation Centers Network may photograph my minor child with a television camera, Video camera, or digital camera.

I herby consent to the use, publication or display by or on behalf of Florida Conservation Centers Network, and 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 the Florida Fish and Wildlife Conservation Commission may use, publish ad 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, newspaper/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.

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. (We will not take any photos of your child eliminating the use of WALDO.)

Holiday Program Registration Form Part 7 of 7

Communicable Diseases At Camp

The Florida Fish and Wildlife Conservation Commission's Florida Youth Conservation Centers Network, Everglades Youth Conservation Camp reserves the right to not admit any child who may pose a communicable disease risk to others. Please make sure to keep your child at home if they have been exposed to anyone showing symptoms of any other communicable disease.

Upon arrival for any EYCC activity, participants will undergo a brief screening to include temperature check and other measures we deem necessary to ensure the well-being of other participants and the EYCC staff.

COMMUNICABLE DISEASE ACKNOWLEDGEMENT

I have read, understand, and followed the expectations of preparing my child for this EYCC program, and understand the risks associated with attending any EYCC program.

Parent or Guardian Signature	Parent or	Guardian	Signature
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Date