



General Information for Registered Campers

Sessions: June 12-16, June 19-23, June 26-30

9:00 a.m. to 3:00 p.m.

Welcome to Selby Gardens Camp Lookout 2017!

Whether this is your first or fifth experience, Camp Lookout is filled with new and exciting activities! **Please review this information and return completed forms/liability waivers to Selby Gardens prior to the first day of camp.** We look forward to seeing you and your happy camper(s) soon!

Drop-off/Pick-up:

- You may drop off your camper beginning at 8:30 a.m. Please park and enter with your camper.
- Enter through the black iron gate located on south end of Palm Avenue, near the Children's Rainforest Garden. Please Note: the Camp entrance gate will close at 9:10 a.m. Late arrivals must wait and enter through the Welcome Center when the Gardens opens at 10:00 a.m.
- Camper pick-up is in the same place as drop-off, between 3:00 – 3:15 p.m.
- Guardians are **required to sign children in and out** each day. Parents and guardians can designate a "pick-up" list on the first day of camp.
- Emergency contact: 941-366-5731 ext. 0 – receptionist will contact appropriate staff.

Lunch:

Students are to bring a lunch and drink from home daily (Refrigeration is not available). Campers will be provided a snack each day (typically sunflower seeds and dried cranberries). Pizza will be available for purchase on Fridays.

What to bring & what not to bring:

We encourage children to bring their own water bottle (each camper will receive a reusable water bottle on the first day of camp) and to wear sunscreen & bug repellent, as well as hats and sunglasses. Campers should dress comfortably for both indoor and outdoor activities. Wearing closed-toed shoes is required, and campers should bring another pair of old sneakers or water shoes to leave at camp for the week. **Please do not bring electronic devices – this camp is unplugged!**

Required Forms:

Prior to the start of camp, please complete, sign, and return the attached **Medical Release, Media Release, & Liability Waiver**. *Camper may not attend camp until the forms have been received and processed.* Completed forms should be sent (via email/fax/mail or hand delivery) to Tracy Calla at camps@selby.org. Fax: 941-366-9807 Mail: 811 S. Palm Ave., Sarasota FL , 34236

Questions?

Contact Tracy Calla, School and Family Programs Manager, for further assistance at camps@selby.org or 941-366-5731 ext 273.

Marie Selby Botanical Gardens Camp Lookout 2017

Medical Release Form

The undersigned parents/guardian hereby grant appointed staff of the Camp Lookout, Marie Selby Botanical Gardens, 811 South Palm Avenue, Sarasota, FL 34236, the authority to take temporary care of the following child: (print clearly)

Print student name: _____

This grant of temporary authority shall be effective (check all that apply)

_____ Session 1 June 12-16, 2017

_____ Session 2 June 19-23, 2017

_____ Session 3 June 26-30, 2017

This grant of temporary authority shall include the following:

1. The power to seek appropriate medical treatment or attention on behalf of your child, as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
2. The power to authorize medical treatment or medical procedures in an emergency situation.

Please complete, sign, and date ALL of the following sections:

In the event that reasonable attempts to contact the following people have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. _____ Phone # _____
(Preferred physician)

Dr. _____ Phone # _____
(Preferred dentist)

In the event that the designated preferred provider is not available, then I/we authorize the care by another licensed physician or practitioner. In the event that hospital care is necessary I/we authorize the transfer of my/our child to

_____ or the most accessible hospital.
(Preferred hospital)

This release does not cover major surgery, unless two other licensed physicians concur on the necessity for such surgery **prior to surgery**. Facts concerning the child's medical history, including allergies, medications, and any other physical impairment to which a physician should be alerted are as follows:

Parent signature: _____ Date: _____

#1 Phone: _____ #2 Phone: _____ #3 Phone: _____

Emergency contact name and
phone: _____

Insurance Carrier: _____ Policy # _____

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Media Release Form

Pictures may be taken of your child throughout camp. These photos may be used for publicity, including but not limited to brochures, our Website, and other promotions. We ask for permission to use these photos of your child for these purposes.

____ I grant Marie Selby Botanical Gardens permission to use any photo for the purpose of publicity.

____ I do NOT grant Marie Selby Botanical Gardens permission to use any photo for the purpose of publicity

Student

Name: _____

Parent/Guardian signature _____ Date: _____

Marie Selby Botanical Gardens Camp Lookout 2017

Liability Waiver

In consideration of my dependent child's participation in this Marie Selby Botanical Gardens (MSBG) program, I hereby fully remise, release, waive, discharge, acquit and forever discharge any and all claims for damages, death, personal injury or property damage which I may have or which may subsequently accrue to or through me or my personal representatives, heirs, devisees, successors, or assigns as a result of my participation in this Selby Gardens program.

This release is specifically intended to discharge in advance MSBG; the State of Florida; their respective trustees, directors, officers, employees, beneficiaries, volunteers, agents, representative, the sponsors, the promoting clubs, or any involved municipalities or public entities, from and against, any and all rights, claims, demands, damages actions, or causes of actions, or any and all liability arising out of this program, even though that liability may arise of negligence or carelessness on the part of the persons of entities mentioned above.

Nothing contained herein shall be deemed to constitute a waiver of sovereign immunity on the part of MSBG, the State of Florida and other involved municipalities or public entities (collectively the "Public Entities"), or to affect, limit or reduce any other protections afforded the Public Entities under Florida or Federal Law.

Student Name: _____

Parent/Guardian signature _____ Date: _____