

Jungle Boogie or Herpetology

Summer Camp Registration 2009

Boyd Hill Nature Preserve

Please Print - one application per child/per camp. You may duplicate as needed.

Child's Name _____ Age _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Parent Name(s) _____ Work Phone _____

or Guardian _____ Work Phone _____

Emergency Contact _____ Emergency Phone _____

Second Contact (do not list parent, guardian or emergency contact in this area - relation can be friend, aunt, uncle, etc.)

Name _____ Relation _____ Phone Number _____

Allergies or Medication of Child _____

(Be sure to complete the medication form if any type of medication needs to be dispensed.)

Who will be dropping off/picking up your child? _____

Select the camp and the week your child would like to attend.

Jungle Boogie

residency card required

Ages 3 - 4

Time: 9 a.m. to 12 p.m. no extended care

June 15-19 June 22-26

July 6-10 July 13-17

August 3-7 August 10-14

Cost:

Members **FBHNP** \$ 50 \$ _____

Non-Members \$ 60 \$ _____

Total \$ _____

***Non - Residents of St. Petersburg, FL**

Cost:

Members **FBHNP** \$ 80 \$ _____

Non-Members \$ 96 \$ _____

Total \$ _____

Herpetology

residency card required

Ages 7 - 11

Time: 9 a.m. to 4 p.m. +extended care 8 a.m. to 5 p.m.

June 29-July 3

August 17-21

Cost:

Everyone \$125 \$ _____

Extended care \$20 \$ _____

Total \$ _____

***Non - Residents of St. Petersburg, FL**

Cost:

Everyone \$200 \$ _____

Extended care \$32 \$ _____

Total \$ _____

***If you purchase an annual pro-rated non-resident card then the resident rate applies for all programs and classes offered by the City of St. Petersburg until September 2009.**

Mail to:

Program Registration ♦Boyd Hill Nature Preserve ♦1101 Country Club Way S ♦St.Petersburg, FL 33712

Make checks payable to City of St. Petersburg If paying by credit card, you must bring in application

For more information, please cal 727-893-7326

The child and the parent and/or guardian hereby acknowledge that the above named child may not attend this program unless the child and theparent and/or guardian agree to and sign the City of St Petersburg's Release, Waiver of Claims, Hold Harmless and Indemnity Agreement, and that upon its execution, such document shall be incorporated with and shall become a part of this registration application.

Parent/Guardian Signature _____

Print Name _____

Date _____

Staff Use Only: Date Processed _____ Staff initials _____ Cash _____ Check # _____ Charge _____

