

OVERNIGHT CAMPOUT ADVENTURE THE KEY WEST TROPICAL FOREST & BOTANICAL GARDEN

DROP OFF: Friday 6:00 pm

PICK UP: Saturday 8:30 am

\$15. Suggested Donation

Dates: Jan 27th, March 30th, & May 18th
(circle one)



BRING:

- Sleeping bag or blanket and pillow
- 2 changes of clothing
- Water bottles
- Insect repellent
- Towel
- Flashlight

Middle School Kids can experience the Key West Tropical Forest & Botanical Garden in the way no one has before, by sleeping over! But don't worry this camping experience comes complete with tents, toilets and running water! Campers will set up tents, explore the tropical forest, identify fauna, play games, tell ghost stories, roast marshmallows over a fire, participate in team challenges and sleep outside. The next morning campers will enjoy bagels, donuts and juice before pick up. This experience is one not to be missed!

CALL 305 849-8733 FOR RESERVATIONS. SPACE IS LIMITED

Name _____ Age _____ Grade _____ School _____

Address _____ Email _____

Mother or Legal Guardian Name _____ Father or Legal Guardian Name _____

Mother Cell Phone _____ Father Cell Phone _____ Student Cell _____

Mother Work Phone _____ Father Work Phone _____ Home Phone _____

Allergies _____ Medical Restrictions _____

Emergency Contact Person (Cannot be a parent) _____ Phone _____

Emergency Contact Person (Cannot be a parent) _____ Phone _____

Insurance Carrier & Policy Number _____

I hereby give permission to the Key West Botanical Garden to transport the child named above off the Key West Botanical Garden property for the purpose of medical care as deemed appropriate by the Director. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Key West Botanical Garden to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the student named above. I understand that the Key West Botanical Garden does not provide accident/medical insurance for the student named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. (_____ Parent Initials)

Rules for students are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors. Students must act responsibly, and be respectful of all participants and program staff. I agree that The Key West Botanical Garden reserves the right to dismiss a student from the program whose conduct is not in the best interest of the program community. I will notify the director if my child has any serious restrictions related to his/her participation in the program. I understand the drop off time is 6:00 pm and the pick-up time is 8:30 am. I understand that the program will be held outdoors and the participants will sleep outdoors. Parents are responsible for providing water, bug spray and the other items listed below. The Key West Botanical Garden and cannot be responsible for the loss or damage to any items including cell phones, i-pods or other personal belongings. (_____ Parents initials)

The Key West Botanical Garden has my permission to use photographs or video taken of my child during the program for promotional purposes. (_____ Parent Initial)

Participants will be responsible for bringing the following items with them in a backpack: sleeping bag or blanket and pillow, sweatshirt, 2 changes of clothing, water bottles, insect repellent, toothbrush & toothpaste, towel, flashlight. (_____ Parent Initials)

I (Legal Parent/ Guardian) have read and agree to all the conditions of this registration and liability release.

Parent/ Guardian Signature _____ Date _____ Parent/ Guardian Signature _____ Date _____

Parent/ Guardian PRINT _____ Date _____ Parent/ Guardian PRINT _____ Date _____

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www.keywestbotanicalgarden.org Or Find Us on Facebook: Key West Botanical Garden Education Program