



Jr. Refuge Ranger Camp Summer Science Science at the Bay July 12, 2023 9 am - 1 pm Grades 5-6



Potential Camper Information

Name of Child _____

Age _____ Current Grade _____ Male _____ Female _____

Has this child attended one of our camps previously? _____yes _____no

Contact Information of Guardian

Name _____

Relationship to applicant _____

Street address _____

City _____ State _____ Zip _____

Phone number _____

Email address _____

Applications must be received by 4 pm on May 19, 2023. You can submit them in one of three ways

email to: Lori_Nicholson@fws.gov

Hand delivered to Visitor Center at
1255 Lighthouse Rd. St. Marks FL
Mon-Fri 8 am - 4 pm
Sat. & Sun. 10 am - 5 pm

Mail to: *Must be in office by May 19.*
St. Marks NWR
Attn: Lori
PO Box 68
St. Marks, FL 32355

- A random drawing will be held to select participants from the pool of applicants.
- Those drawn will be notified by email or phone.
- If drawn there is a non-refundable \$25 registration fee, which will be due prior to camp date

Because our camps are primarily outdoors, we ask that you complete the following health history portion of the application so we can plan accordingly. If your child has or has had in the past any of the conditions, please check yes and explain in the space provided at the end.

- | | | |
|--|-----|----|
| 1. Allergies | yes | no |
| 2. Asthma | yes | no |
| 3. Been hospitalized/
had surgery in the past two years. | Yes | no |
| 4. Have tested positive for COVID | yes | no |
| 5. Have recurrent/chronic illness | yes | no |
| 6. Had a recent injury/illness/infection | yes | no |
| 7. Ever had a head injury or concussion | yes | no |
| 8. Attention Deficit Disorder (ADD) | yes | no |
| 9. ADD with hyperactivity | yes | no |
| 10. Behavioral/conduct concerns | yes | no |
| 11. Autism | yes | no |
| 12. Blindness/visual problems | yes | no |
| 13. Diabetic | yes | no |
| 14. Epilepsy or seizer disorder | yes | no |
| 15. Hearing problems | yes | no |
| 16. Heart problems | yes | no |
| 17. Kidney problems | yes | no |
| 18. Speech or language dev. Delay | yes | no |
| 19. Physical disability | yes | no |
| 20. Severe or frequent headaches | yes | no |
| 21. Have problems with diarrhea,
Constipation or frequent stomach aches | yes | no |

Please explain any yes answers below in space provided.