



# Jr. Refuge Ranger Camp Summer Science Survival Camp June 20, 2023 9 am – 2 pm Grades 4-5



## 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 24, 2023.** You can submit them in one of three ways

email to: [Lori\\_Nicholson@fws.gov](mailto: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/<br>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,<br>Constipation or frequent stomach aches | yes | no |

Please explain any yes answers below in space provided.