



JOE BUDD AQUATIC EDUCATION CENTER "FISH CAMP" REGISTRATION

*Registration opens March 10th

*Please use a separate registration form for each child.

*Children must be nine to fifteen years old.

*For more information about Fish Camp, contact Joe Budd Aquatic Ed Ctr at 933-4322.

A. Child's Name _____ Nickname _____ Age _____
Birth Date _____ Grade Completed _____ Shirt Size YS YM YL AS AM AL AXL
Address _____
City _____ State _____ Zip Code _____

B. Parent/Guardian _____ Home Phone _____
Work Phone _____ Other _____ Email _____

C. Emergency Contact _____ Relationship _____
Home Phone _____ Work Phone _____ Other _____

D. Physician _____ Phone _____

Explain any medical problems, allergies, handicaps, etc. _____

Is your child on any medications? If so, please explain _____

E. During boating activities children will be required to wear life jackets and will be closely supervised. For safety concerns, rate your child's swimming ability.

(Check one): Non-Swimmer _____ Beginner _____ Intermediate _____ Advanced _____

F. Select your choice of Fish Camp by rating two weeks (1-first choice, 2-second choice).

Basic Fish Camp _____ June 8-12 _____ June 22-26

Advanced Fish Camp (for graduates of basic camp) _____ June 1-5 _____ June 15-19

Campers are registered on a first-come, first-served basis. If the week you request as first choice is full, we will use your second choice. If you are limited to one certain week, and it is full, your name will be added to a waiting list and your fee will be returned. Please inform us if you need to cancel a reservation so that others may take advantage of our program. There will be no refunds for cancellations after May 16.

**** **Fish Camp fee of \$190.00 is due upon registration** ****

**Make check payable to Wildlife Foundation of Florida. Send completed forms and payment to:
Joe Budd Aquatic Education Center, FISH CAMP, P.O. Box 59, Midway, FL 32343**

IMPORTANT! The following section must be filled out IN FULL for us to process your request.

I, _____, hereby authorize my child, _____, to participate in activities at the Joe Budd Aquatic Education Center. In case of an accident requiring medical treatment, I authorize treatment for my child as the attending medical personnel deem appropriate. I also agree not to hold the Florida Fish and Wildlife Conservation Commission responsible for injuries suffered by my child during activities sponsored by it.

(Parent/Guardian Signature)

(Date)