



Summer Camp 2017

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



Child's Name _____ DOB _____ Age _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Parent Name(s) _____ Work Phone _____

Email _____ 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 separate medication form if any type of medication needs to be dispensed by staff.)

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

Important Information

- Registration is on a first come, first served basis.
- Payment plans are available.
- Application, ADVANTAGE Membership, and payment are required to reserve a space in the camp(s).
- The ADVANTAGE Membership is free for residents and nonresidents and can be acquired at any recreation center and Boyd Hill Nature Preserve.
- The ADVANTAGE Membership is valid from September 1, until August 31.
- For discounted registration fees, you must be a member of the Friends of Boyd Hill Nature Preserve (FBHNP) and/or Pinellas Pioneer Settlement (PPS). Call or visit for information on how to join. Memberships must be valid during week of camp registration.
- Refunds: An administrative fee of \$10 will be withheld from any refund or camp transfer request. All refunds must be requested 72 hours before the start of camp.

Mail to: Program Registration
Boyd Hill Nature Preserve
1101 Country Club Way S.
St. Petersburg, FL 33705

Make checks payable to: City of St. Petersburg. Credit card transactions must be made in person
A convenience fee is added to all online registrations



Online registration opens March 1, 2016
Visit www.stpeteparksrec.org/ParksRecConnect.
Must have existing account with Parks and Recreation and current ADVANTAGE Membership.

For more information please call 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 the parent 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 _____ Amount _____ Cash Charge Check # _____ Staff initials _____

Summer Camp Registration 2017

Please Print - one application per child/per camp. You may duplicate as needed.
Select the camp(s) your child would like to attend.



Child's Name _____

<input type="checkbox"/> Sprouts Ages 3 - 4 9 am - 12 pm Themes will change weekly. <input type="checkbox"/> May 30 - Jun 2* <input type="checkbox"/> Jul 3 - 7 * <input type="checkbox"/> Jun 5 - 9 <input type="checkbox"/> Jul 10 -14 <input type="checkbox"/> Jun 12 - 16 <input type="checkbox"/> Jul 17 - 21 <input type="checkbox"/> Jun 19 - 23 <input type="checkbox"/> Jul 31 - Aug 4 <input type="checkbox"/> Jun 26 - 30 <input type="checkbox"/> \$65 Nonmembers <input type="checkbox"/> \$55 Members of FBHNP Total = _____	<input type="checkbox"/> WILD Adventure Ages 5 - 7 9 am - 4 pm Extended care 8 am - 5 pm <input type="checkbox"/> Jun 5 - 9 <input type="checkbox"/> Jul 31 - Aug 4 <input type="checkbox"/> \$130 <input type="checkbox"/> \$25 Extended care # weeks = ____ Total = _____
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<input type="checkbox"/> Young Naturalist Ages 5 - 6 9 am - 4 pm Extended care 8 am - 5 pm Themes will change weekly. <input type="checkbox"/> Jun 5 - 9 <input type="checkbox"/> Jul 3 - 7 * <input type="checkbox"/> Jun 12 - 16 <input type="checkbox"/> Jul 10 -14 <input type="checkbox"/> Jun 19 - 23 <input type="checkbox"/> Jul 17 - 21 <input type="checkbox"/> Jun 26 - 30 <input type="checkbox"/> Jul 24 - 28 <input type="checkbox"/> \$130 Nonmembers <input type="checkbox"/> \$110 Members of FBHNP <input type="checkbox"/> \$25 Extended care # weeks = ____ Total = _____	<input type="checkbox"/> Nature Adventure Camp Ages 7 - 13 9 am - 4 pm Extended care 8 am - 5 pm <input type="checkbox"/> Aug 7 - 9 only: \$80 Nonmembers, \$65 FBHNP, \$15 Extended Care <input type="checkbox"/> May 30 - Jun 2* <input type="checkbox"/> Jul 3 - 7 * <input type="checkbox"/> Jun 5 - 9 <input type="checkbox"/> Jul 10 -14 <input type="checkbox"/> Jun 12 - 16 <input type="checkbox"/> Jul 17 - 21 <input type="checkbox"/> Jun 19 - 23 <input type="checkbox"/> Jul 24 - 28 <input type="checkbox"/> Jun 26 - 30 <input type="checkbox"/> Jul 31 - Aug 4 <input type="checkbox"/> \$130 Nonmembers <input type="checkbox"/> \$110 Members of FBHNP <input type="checkbox"/> \$25 Extended care # weeks = ____ Total = _____	<input type="checkbox"/> Pioneer Camp Ages 7 - 13 9 am - 4 pm Extended care 8 am - 5 pm <input type="checkbox"/> Aug 7 - 9 only: \$80 Nonmembers, \$65 PPS, \$15 Extended Care <input type="checkbox"/> May 30 - Jun 2* <input type="checkbox"/> Jul 3 - 7 * <input type="checkbox"/> Jun 5 - 9 <input type="checkbox"/> Jul 10 -14 <input type="checkbox"/> Jun 12 - 16 <input type="checkbox"/> Jul 17 - 21 <input type="checkbox"/> Jun 19 - 23 <input type="checkbox"/> Jul 24 - 28 <input type="checkbox"/> Jun 26 - 30 <input type="checkbox"/> Jul 31 - Aug 4 <input type="checkbox"/> \$130 Nonmembers <input type="checkbox"/> \$110 Members of PPS <input type="checkbox"/> \$25 Extended care # weeks = ____ Total = _____
<input type="checkbox"/> Herpetology Ages 7 - 11 9 am - 4 pm Extended care 8 am - 5 pm <input type="checkbox"/> Jul 17 - 21 <input type="checkbox"/> \$150 <input type="checkbox"/> \$25 Extended care Total = _____	<input type="checkbox"/> Wildlife Ecology Ages 7 - 11 9 am - 4 pm Extended care 8 am - 5 pm <input type="checkbox"/> Jul 24 - 28 <input type="checkbox"/> \$150 <input type="checkbox"/> \$25 Extended care Total = _____	<input type="checkbox"/> Raptor Camp Ages 8 - 12 9 am - 4 pm Extended care 8 am - 5 pm <input type="checkbox"/> Jun 19 - 23 <input type="checkbox"/> Jun 26 - 30 <input type="checkbox"/> \$130 <input type="checkbox"/> \$25 Extended care # weeks = ____ Total = _____

* All camps and facilities will be closed the day of Monday, May 29 and Tuesday, July 4th. Weekly cost is the same.