



## BERMUDA ZOOLOGICAL SOCIETY

SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO

Registered Charity #179

### **“Bermuda in Springtime!” Camp 2019**

**April 1-5 (week 1), and April 8-11 (week 2), 2019**

**For children in Foundation Year (born in 2014- ! Only week 1) to Primary 4 in the Bermuda Government system or equivalent**

**Week 1 is a five-day camp– cost \$235.00 and week 2 is a four-day camp – cost \$190.00**

**Camp runs 9:00 AM – 3:00 PM (early drop-off 8:30 AM, pick-up by 3:15 PM)**

**with after-camp care available until 5:00 PM (latest pick-up by 5:30 PM) for \$16 a day**

- **APPLICATIONS WILL BE PROCESSED ON A “FIRST COME FIRST SERVED” BASIS.**
- **This camp is available only to active members of the Bermuda Zoological Society (BZS) or the Atlantic Conservation Partnership (ACP). Memberships may be purchased at time of application (see page 3).**
- The parents of the child(ren) applying must have a minimum of a Killifish (Family) membership.
- Your membership must be **current** (i.e. valid until 31<sup>st</sup> December, 2019).
- If you have not already joined/renewed, please complete the Membership Application form on Page 3. **(Note: Renewals received after January 1<sup>st</sup> are subject to a full year’s membership fee.)**
- Camp fee and membership fee may be included in the same payment.
- **BZS reserves the right to use photos taken during the Spring Camp in not-for-profit marketing promotions.**
- For information on the camp programming or assistance with registering your child, contact Alex Amat at [activities@bzs.bm](mailto:activities@bzs.bm) or call 293-2727 ext. 2133.
- Applications should be submitted via email to [activities@bzs.bm](mailto:activities@bzs.bm), via fax (293-4800), or dropped off at the Aquarium Front Desk, Attention Alex Amat. All completed application forms must be returned to the Bermuda Aquarium, Museum & Zoo no later than **12 noon Wednesday, 27<sup>th</sup> March 2019**. Late applications will of course be considered if space is available.

#### **When sending in your application(s), please take note of the following:**

- **COMPLETE A SEPARATE FORM FOR EACH CHILD.**
- Foundation children only during week 1. Week 1 is a five-day camp and week 2 is a four-day camp due to the Ag show. A special Ag show day will be available on April 12<sup>th</sup> for families interested. Stay tuned.
- The Disclaimer must be signed by a parent or guardian or the application will not be accepted.

#### **Refund Policy**

**50% refund for cancellations received before 12 noon, Wednesday March 27, 2019**

**No refund for cancellations received after 12 noon, Wednesday, March 27, 2019.**

We are unable to give refunds if camp is cancelled due to extreme weather conditions or “acts of God” or in the case of illness.

**APPLICATION DEADLINE: Wednesday, March 27, 2019**



**“Bermuda in Springtime!” Camp 2019 - Application**

- Week 1 P2- P4 (born 2012-2010)       Week 1 Foundation-P1 (born 2013-2014)       Week 2 P1- P4 (2010-2013)

Applications are processed on a first come first served basis. Please complete a separate form for each child

My BZS Membership # \_\_\_\_\_ is valid to December 31, 2019.     I am paying for membership with this application.

Last Name (child): \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth (Day/Month/Year): \_\_\_\_\_ Gender:  Male  Female  
 School: \_\_\_\_\_ Current school Year (to be completed in June 2019): \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 \_\_\_\_\_  
 Home tel: \_\_\_\_\_ Mother’s Work: \_\_\_\_\_ Father’s Work: \_\_\_\_\_  
 Mother’s Cell: \_\_\_\_\_ Father’s Cell: \_\_\_\_\_  
 Preferred Email(to be used for camp correspondence): \_\_\_\_\_  
 Alternate Email: \_\_\_\_\_  
 My child will be picked up at 3:00PM     My child requires After Camp Care until 5:00PM (latest pick up 5:30PM)

**To help us provide your child with a safe and meaningful camp experience, please complete the following information as accurately as possible. Use an extra sheet of paper if additional space is required.**

Is your child on any medication? YES / NO.  
 If yes, please list medications with reason:

Does your child have any special health needs? YES / NO.  
 If yes, please specify:

Does your child have any allergies? (e.g. bee stings, food, nuts, medications) YES / NO.  
 If yes, please specify:

Has your child been diagnosed with any behavioural, emotional or learning challenges? (e.g. ADD, Autism) YES / NO.  
 If yes, please specify:

**Disclaimer**

- I understand that the Bermuda Zoological Society (BZS) and Bermuda Aquarium, Museum & Zoo (BAMZ) will endeavour to provide a safe environment for my child. However, I will not hold the BZS or BAMZ liable for any loss of possessions or personal injury to my child whilst he/she attends the camp.
  - I understand that the camp programme may include field trips that require my child to be transported off the BAMZ facility. Transportation will be arranged in accordance with the Bermuda seat belt law and may include the BAMZ bus, BZS boat, taxis, minibus services or private cars. If I am unwilling for my child to travel by these means I agree that I will arrange other transportation to the field trip site or arrange alternative care for my child for the trip duration.
  - I understand that some camp activity may include the watching of age-appropriate videos, either as an education activity that enhances the camp programme or as an alternative activity in the case of inclement weather.
  - I understand that should my child’s behaviour be too disruptive or challenging to manage within the camp group, I may be called to collect him/her and will not be eligible for any refund.
  - I agree to sign out my child with his/her teacher at the end of each day or at any other time before removing my child from the BAMZ premises.
- Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: [activities@bzs.bm](mailto:activities@bzs.bm) (as an attachment) \* Fax: 293-4800 \* Drop off at BAMZ Front Desk (Attention: Alex Amat)

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SUPPORT CHARITY FOR BERMUDA AQUARIUM, MUSEUM & ZOO

**“Bermuda in Springtime” Camp 2019 – Payment Form**

**Camp Fee: Week 1 \$235** per child until 3:00 PM or **\$315** per child with After Camp Care until 5:00 PM  
**Week 2 \$190** per child until 3:00 PM or **\$254** per child with After Camp Care until 5:00 PM  
Your child’s place will be confirmed once payment is received

Camp fee and membership fee may be included together.

Child’s Name: _____	BZS Member No.: _____
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**Means of payment:** Note: If paying with cash at the Aquarium front entrance you must have the exact change. No Cheques please.

Credit/Debit Card (Visa, Master)

Card Information:

Credit Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder’s Name (print clearly): \_\_\_\_\_

Card Holder’s Signature: \_\_\_\_\_

Cash     Online (HSBC acct # 010-003432-001) (Include member number and Spring Camp in the notes)

Camp Fee \$	After Camp Fee: \$	Membership Fee \$	Total Payment \$
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Please complete the form below if you do not have a BZS membership valid to December 31, 2019.  
Membership fee must be included with your camp payment.

**BZS Membership Application Form**

BZS Membership Application: This is a <input type="checkbox"/> new membership <input type="checkbox"/> renewal of Membership # _____			
adult 1: Last Name _____	First Name _____	Mr. Mrs. Ms Other _____	
adult 2: Last Name _____	First Name _____	Mr. Mrs. Ms Other _____	
Children’s Names (21 and under) _____			
<i>Please complete the information below if it is different from your Camp application.</i>			
Mailing Address: House Name/Unit #/PO Box _____			
Street # _____ Street Name _____			
Parish/Town _____ State _____ Postal Code _____ Country _____			
Home Tel: _____			
Work Tel: adult 1 _____		Work Tel: adult 2 _____	
Cell: adult 1 _____		Cell: adult 2 _____	
Preferred Email _____			
Alternate Email _____			
<b>Membership Levels</b>	<b>Memb. Fee</b>	<b>Note</b>	
<input type="checkbox"/> Killifish	\$75	The BZS membership year runs from January 1 <sup>st</sup> to December 31 <sup>st</sup> .	
<input type="checkbox"/> Bermudiana	\$150	Renewals received after January 1 <sup>st</sup> are subject to a full year’s fee.	
<input type="checkbox"/> Cahow	\$250		
<input type="checkbox"/> Longtail	\$550		
<input type="checkbox"/> Palmetto	\$1000		
<input type="checkbox"/> Cedar	\$2500		

**Application Deadline 12 noon Wednesday March 27, 2019**

Please return the form (both pages) to Dr Alex Amat

Email: [activities@bzs.bm](mailto:activities@bzs.bm) (as an attachment) \* Drop off at BAMZ Front Desk (Attention: Alex Amat) \* Fax: 293-4800

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Our refund policy is in place in order for us to meet the budgetary requirements of staffing and running our Spring Camp programme.

*Educating Tomorrow’s Environmentalists*

PO Box 145, Flatts FL BX, Bermuda • Tel: (441) 293-2727 • Fax (441) 293-4014 • [www.bzs.bm](http://www.bzs.bm) / [www.bamz.org](http://www.bamz.org)

