Registered Charity #179

Aqua Conservationists Camp 2018 July 9 - 13, 2018 Application Form General Information Cost - \$425.00 (bursaries may be available)

The Aqua Conservationists Camp, run by the Bermuda Zoological Society (BZS), is a camp for students in Middle School 3 and Senior School 1 WHO ARE AT LEAST 14 YEARS OLD and will run the week of July 9 – 13, 2018. It is strongly advised that **applicants be competent swimmers.**

The Conservationists Camp is a residential camp (5 days - 4 nights) that will be based on Trunk Island with housing either in tents or in a cottage. Campers will be in charge of running the daily housekeeping tasks on a rotation basis. Everybody will get a chance at cooking, cleaning and time keeping. Free time on Trunk Island will be scheduled daily, usually before dinner, with some work sessions scheduled after dinner.

The camp is designed to expose campers to a variety of conservation programmes in progress in Bermuda. There will be theory modules and lots of hands-on work with field work. We will conduct studies on Trunk Island and at other locations across Bermuda. This camp is a great introduction for those interested in conservation, natural history and science who might later on be interested in applying to do the Nonsuch Island Natural History Camp. Participants will also be introduced to volunteering at BAMZ in the Aquarium, Zoo and Education Department so they can decide if they want to apply for the Junior Volunteer Programme.

Applicants will be interviewed and selected.

Return completed application form to the Bermuda Zoological Society.

See following page for instructions.

Fax (441) 293-4800

Email membership@bzs.bm with "Aqua Conservationists application" in the subject line Deliver by hand to the cashier at the Aquarium front entrance.

Payment details and requests for financial aid must accompany your application.

However, payment will only be processed upon acceptance.

Aqua Conservationists Camp Themes for 2018

- Conservation in action with the Department of Conservation Services with Alison Copeland and Dr. Mark Outerbridge
- Pollution's effects on local wildlife with Dr. Jamie Bacon.
- Reef Watch training including fish and invertebrate identification and monitoring
- Habitat restoration on Trunk Island including culling and GPS work
- How local conservation efforts fit into the big picture of the future of the planet



Aqua Camp 2018 Application Instructions

Please take note of the following when completing the application:

- Complete a separate form for each child.
- Please complete the 'Health/Special Needs' section on page 2 as fully as possible.
- The 'Disclaimer' on page 2 must be signed by a parent/guardian in order for the application to be accepted.
- Aqua Camps are available **only** to members of the Bermuda Zoological Society (BZS) or the Atlantic Conservation Partnership (ACP) (unless granted a bursary).
- If you do not have a current membership, use the form on page 4 to join or renew. The membership fee must accompany your application.
- The parent(s) or grandparent(s) of the child(ren) applying must have a minimum of a Killifish (Family or Grandparent) level membership or higher which must be valid until December 31, 2018 at the time of application.
- All three pages of the completed application form for Aqua Camps together with the camp fee and membership fee (if necessary) should be returned to the Bermuda Zoological Society via:
 - o Fax: 293-4800
 - o Email: membership@bzs.bm with "Aqua Conservationists application" in the subject line
 - By hand: to the cashier's desk at the BAMZ front entrance.
 - A confirmation of placement will be emailed to you. Please ensure that you include your preferred email address on the application form. We make every attempt to get confirmation information out in a timely fashion.

For further information:

Regarding application and registration contact the BZS Education Officer (Dr. Jamie Bacon) at 293-2727 ext. 2142 or email edofficer@bzs.bm.

Regarding camp activities and curriculum contact BZS Youth Activities Coordinator (Dr. Alex Amat) at 293-2727 ext. 2133 or email activities@bzs.bm.

Please keep this page for your reference.

Registered Charity #179

Aqua Conservationists Camp 2018 Application Form

☐ My BZS Membership #	is valid to December 31, 2018.	lacksquare I am paying for membership with this application.	
Last Name (child):	First	Name:	
Date of Birth (Day/Month/Year)	: Gen	der: 🗖 Male 🗖 Female	
School:		School Year to be completed in June 2018:	
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 Aqua	a Camp correspondence):		
Alternate Email:			
Requests/Comments:			
Swimming Ability: must be a	t least at an 🗖 Intermedia	ite level or □Strong	
please complete the following in		th a safe and meaningful camp experience, possible. Use an extra sheet of paper if	
Child's Doctor:			
Is your child on any medication	? YES/NO	If yes, please specify	
Does your child have any speci	al health needs? YES/NO	If yes, please specify	
Does your child have any allerg	jies? YES/NO	If yes, please specify	
Does your child have any other	special needs? YES/NO	If yes, please specify	
Does your child have any learn	ing challenges? YES/NO	If yes, please specify	

Please lists all dietary restrictions your child has:
Disclaimer – must be signed
> I understand the camp programme is intended to include overnight stays on Trunk Island for the
residential camp, with campers being housed in either tents or buildings.
> I understand that the camp programme includes 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, taxis, minibus services or private cars (buses and older cars
without seat belts are not required by law to install them). 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
alternate care for my child for the trip duration.
➤ I understand that the camp programme may include age-specific water-based activities each day at safe swimming / wading locations.
> I understand that the camp programme may include one or more outings on the BZS vessel
Endurance or another appropriate vessel.
► I understand that some camp activity may include the watching of age-appropriate videos, either
as an educational 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.
> I understand the Bermuda Zoological Society reserves the right to use photos taken during Aqua
Camp in not-for-profit marketing promotions
➤ I agree to sign out my child with his/her teacher before removing my child from the BAMZ premises.
I understand that the Bermuda Zoological Society is not obligated to accept this application.
> I understand all of the above and that the Bermuda Zoological Society & Bermuda Aquarium,
Museum & Zoo will endeavour to provide a safe environment for my child. I will not hold the
Bermuda Zoological Society & the Bermuda Aquarium, Museum & Zoo liable for any loss of possessions or personal injury to my child whilst he/she attends Aqua Camp.

Signed: (parent/guardian) ______ Date: _____

Child's Name: (please print)

Aqua Conservationists Camp 2018 Application Form (cont.)

pe completed by the student:				
What do you hope to get out of participating in the Aqua Conservationists Camp?				
Do you want to apply for the Junior Volunteer Programme for 2018/2019?				
Student's signature:				
Teacher's Recommendation (please note if the student has any special learning needs):				
Are you able to provide a verbal recommendation for this student?				
Teacher's Name:				
Teacher's Email:				
Teacher's Phone Number:				
Teacher's signature:				

Aqua Conservationists Camp 2018 Application Form (cont.)

Aqua Camp Payment Form

	Aqua Gump i c	.y		
I am paying by:				
☐ Cash - if paying with cash	at the BAMZ front entrane	ce you must have the	exact change.	
☐ Credit/Debit Information:				
Credit Card #:		E	Exp. Date:	CID#:
Card Holder's Name (print cle	early):			
Card Holder's Signature:				
I will pay On-line by Direct do not make transfer until acc	t Deposit to your HSBC aceptance has been confirmed.	ccount #010-003432-0	01.	
□ I request financial a	aid: □ 50% □ 75%	6 □ 100%		
I would like to help a deserving child a	attend Aqua Camp by making	g an additional donation o	of: 🗖\$25 🗖\$50	☐ Other
Camp Fee: \$	Memb. Fee: \$	Donation: \$	Total	Payment: \$
efund Policy: Our refund policy is in place in		I	<u> </u>	
50% refund (less \$15.00 application fee) No refund for cancellations received at We are unable to give refunds if camp is o	fter June 30, 2018	,	d" or in the case of	illness.
Please complete the form be		ave a membership	valid to De	ecember 31, 20
	p fee must be include	•		•
•		acu willi your cair		
Membershi	•			
Membershi B	ZS Membership A	Application For	m	
Membershi BZS/ACP Membership Applicat	ZS Membership A tion: This is a □ new m	Application For embership ☐ renew	m al of Members	ship#
Membershi BZS/ACP Membership Applicate adult 1: Last Name	ZS Membership A tion: This is a new m First Name	Application For embership ☐ renew	m al of Members Mr. Mrs	ship # s. Ms Other
Membershi B. BZS/ACP Membership Applicat adult 1: Last Name adult 2: Last Name	ZS Membership Attion: This is a new m First Name	Application For embership ☐ renew e	m al of Members Mr. Mrs Mr. Mrs	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 years)	ZS Membership A tion: This is a new m First Name First Name ars of age)	Application For embership renew e	m al of Members Mr. Mrs Mr. Mrs	ship # s. Ms Others s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information	ZS Membership A tion: This is a new m First Name First Name ars of age)	Application For embership ☐ renew e	m al of Members Mr. Mrs Mr. Mrs	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name)	ZS Membership A tion: This is a new m First Name First Name ars of age) on below if it is different //Unit #/PO Box	Application For embership renew ee	m al of Members Mr. Mrs Mr. Mrs	ship # s. Ms Others s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the informatio Mailing Address: House Name/	ZS Membership A tion: This is a new m First Name First Name ars of age) n below if it is different Unit #/PO Box	Application For embership renew e	al of Members Mr. Mrs Mr. Mrs	ship # s. Ms Others s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town	ZS Membership A tion: This is a new m First Name First Name ars of age) In below if it is different Vunit #/PO Box Name State	Application For embership renew e	al of Members Mr. Mrs Mr. Mrs	ship # s. Ms Others s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town Home Tel:	ZS Membership A tion: This is a new m First Name First Name ars of age) n below if it is different Unit #/PO Box State State	Application For embership renew e renew from your Aqua Cam Postal Code	al of Members Mr. Mrs Mr. Mrs p application.	ship # 5. Ms Other S. Ms Other untry
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town Home Tel: Work Tel: adult 1	ZS Membership A tion: This is a new m First Name First Name ars of age) In below if it is different Unit #/PO Box State State	Application For embership ☐ renew e from your Aqua Cam Postal Code adult 2	al of Members Mr. Mrs Mr. Mrs p application.	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1	ZS Membership A tion: This is a new m First Name First Name ars of age) In below if it is different Unit #/PO Box Name State	Application For embership renew e renew from your Aqua Cam Postal Code adult 2 adult 3	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1 Fax: adult 1	ZS Membership A tion: This is a new m First Name First Name ars of age) In below if it is different Unit #/PO Box State State	Application For embership ☐ renew e from your Aqua Cam Postal Code adult 2	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1 Fax: adult 1 Preferred Email	ZS Membership A tion: This is a new m First Name First Name ars of age) In below if it is different VUnit #/PO Box State State	Application For embership renew e renew from your Aqua Cam Postal Code adult 2 adult 3	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1 Fax: adult 1	ZS Membership A tion: This is a new m First Name First Name ars of age) In below if it is different Unit #/PO Box State State	Application For embership renewee	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1 Fax: adult 1 Preferred Email	ZS Membership A tion: This is a new m First Name First Name ars of age) In below if it is different Unit #/PO Box State State Membership Levels	Application For embership renew e e e e e e e e e e e e e e e e e e	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1 Fax: adult 1 Preferred Email	ZS Membership A tion: This is a new m First Name First Name ars of age) In below if it is different Vunit #/PO Box State State Membership Levels Killifish	Application For embership renewee re renewer renewer	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name/Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1 Fax: adult 1 Preferred Email	ZS Membership A tion: This is a new m	Application For embership renew e renew e renew from your Aqua Cam Postal Code adult 2 adult 2 adult 2 adult 2 adult 2 standard from b. Fee \$75 \$150	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1 Fax: adult 1 Preferred Email	ZS Membership A tion: This is a new m	Application For embership renew e e renew from your Aqua Cam Postal Code adult 2 adult 2 adult 2 adult 2 state from your Aqua Cam	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street # Street Name Parish/Town Home Tel: Work Tel: adult 1 Cell: adult 1 Fax: adult 1 Preferred Email	ZS Membership A tion: This is a new m	Application For embership renew e	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other
BZS/ACP Membership Applicate adult 1: Last Name adult 2: Last Name Children's Names (under 21 year Please complete the information Mailing Address: House Name/Street #Street Name/Parish/Town_Home Tel:Work Tel: adult 1Eax: adult 1Preferred Email	ZS Membership A tion: This is a new m	Application For embership renew e e renew from your Aqua Cam Postal Code adult 2 adult 2 adult 2 adult 2 state from your Aqua Cam	m al of Members Mr. Mrs Mr. Mrs p application. Cou	ship # s. Ms Other s. Ms Other

Return completed application form to the Bermuda Zoological Society:

Fax (441) 293-4800

Email membership@bzs.bm

Deliver by hand to the cashier at the Aquarium front entrance.

Payment details and requests for financial aid must accompany your application.

However, payment will only be processed upon acceptance.

Educating Tomorrow's Environmentalists

PO Box 145, Flatts FL BX, Bermuda • Tel: (441) 293-2727 • Fax (441) 293-4800 • www.bzs.bm / www.bamz.org

ACCREDITED BY THE
ASSOCIATION
OF ZOOS
AQUARIUMS