Registered Charity #179

"Bermuda in Springtime!" Camp 2021 - Application

March 29-April 1 (Week 1) and April 5-9 (Week 2)

*Prospective Somersfield Week April 12-16 (Week 3)

Week 1: For children P1 – P4 (born 2012-2015)

Week 2: for children in Foundation Year - P2 (born 2014-2016)

*Week 3: Prospective Week for Somersfield (Camp dependent on capacity)

- Week 1 is a 4-day camp cost \$220.00.
- Week 2 and Week 3 are five-day camps cost \$275.00.

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

- 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) (re)applying must have a minimum of a Killifish (Family) membership. Your membership must be current (i.e., valid until December 31, 2021). If you are not a member, please complete the Membership Application form on Page 3. It would be giving you a membership until December 2021.
- Spring Camp fee and membership fee may be included in the same payment.
- BZS reserves the right to use photos taken during the Bermuda in Springtime Camp in not-for-profit marketing promotions.
- For information on the Bermuda in Springtime Camp programming, contact Alex Amat
 at <u>activities@bzs.bm</u>. Applications (and any registration related questions) should be submitted via
 email to Hollyanne Shirley at <u>edadmin@bzs.bm</u> or call 293-2727 ext. 2181 no later than 12:00 Noon
 Thursday, April 1, 2021.
- APPLICATIONS WILL BE PROCESSED ON A "FIRST COME FIRST SERVED" BASIS.
- Late applications will 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.
- We will be practicing social distancing with mask wearing when inside and frequent hand washing as recommended by the Government guidelines.
- We will be based on Trunk island. We will also have sessions off site. Children will board the bus and the boat as needed with safe distancing.
- The Disclaimer must be signed by a parent or guardian or the application will not be accepted.

APPLICATION DEADLINE: Friday, 26th March, 2021

Refund Policy:

No refund for cancellations received after April 4th, 2021.

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

"Bermuda in Springtime!" Camp 2021 - Application

Applications are processed on a first come first served basis.

Please complete a separate form for each child

| □Week 1 P | l to P4 □Week 2 | 2 Foundation-P2 | ☐Week 3 Somersfield | |
|---|--|--|--|--|
| ☐ My BZS Membership # | is valid to December | ⁻ 31, 2021. □ I am pa | lying for membership with this application. | |
| Last Name (child): | | First Name: | | |
| | te of Birth (Day/Month/Year): Gender: Gender: Male Female | | | |
| School: | | | Year | |
| Parent/Guardian Name(s): | | | | |
| Mailing address: | | | Post Code: | |
| Home tel: | Mother's Work: | Fat- | har's Wark | |
| Home tel: | Mother's Cell: | | her's Work: her's Cell: | |
| Parent's Email(to be used for camp Child's Email (if Applicable): | | | | |
| To help us provide your child with a possible. Use an extra sheet of paper | | | plete the following information as accurately as | |
| Is your child on any medication? YES If yes, please list medications with real | | | | |
| Does your child have any special heal If yes, please specify: | th needs? YES NO | | | |
| Does your child have any allergies? (If yes, please specify: | e.g., bee stings, food, n | uts, medications) YES | □ NO □ | |
| Has your child been diagnosed with a If yes, please specify: | ny behavioral, emotion | nal, or learning challen | ges? (e.g., ADD, Autism) YES 🗆 NO 🗆 | |
| Disclaimer | | | | |
| comply with Government protocols relextension my family. I understand that the camp Programme accordance with the Bermuda seat belt not required by law to install them). If I arrange alternate care for my child for the | includes field trips that requilaw and may include the BAN am unwilling for my child to the trip duration. The trip duration age-specific water and the trip duration age-specific water age-specific wate | ission of Covid-19 but that re my child to be transporte MZ bus, taxis, minibus servic travel by these means I agre | the the Covid-19 Pandemic. I understand that the BZS will these protocols do not eliminate the risk to my child and by d off the BAMZ facility. Transportation will be arranged in ses or private cars (buses and older cars without seat belts are set that I will arrange other transportation to the field trip site or at safe swimming / wading locations. Camps for older children | |

- 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 that the camp Programme may include one or more outings on the BZS vessel Endurance, Callista, or another appropriate vessel.

- I understand the BZS reserves the right to use photos taken during Camp in not-for-profit marketing promotions.
- > I give consent for First Aid trained staff to treat my child for minor injuries.
- 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 Endeavor 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, personal injury, or illness of my child because of attending Aqua Camp.

| Parent / Guardian signature: | e: Date: | |
|------------------------------|----------|--|
|------------------------------|----------|--|

Application Deadline - 12:00 noon Friday 26th March, 2021

Email: edadmin@bzs.bm (as an attachment)

No refund for cancellations received after 9am on April 4th, 2021.

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"Bermuda in Springtime!" Camp 2021 - Payment Form

Bermuda in Springtime Camp Fee: Week 1 \$220/ Week 2 or Week 3 \$275 per child

Your child's place will be confirmed once payment is received and space is available (you will not be charged if there is no space).

Bermuda in Springtime Camp fee and membership fee may be included together.

| Credit/Debi | t Card | (Visa, Master) | asir at the Aquarium nor | , | 0 | | |
|------------------------------------|----------|------------------------|----------------------------|--|---|------------------|--|
| Card Information: Credit Card No: | | | | | Exniry Date: | CVV· | |
| Card Holder's I | Name (| print clearly): | | | | | |
| Card Holder's S | Signatu | ıre: | | | | | |
| Cash | | | | | | | |
| Camp Fee \$ Membe | | | Membership Fee \$ | mbership Fee \$ | | Total Payment \$ | |
| | | • | • | not have a BZS membershi with your Bermuda in Sprii | ip valid to December 31, 2021 ngtime Camp payment. | | |
| | | | BZS Meml | pership Application Form | | | |
| BZS Membe | ership . | Application: This is a | new membership | ☐ renewal of Membersh | ip # | | |
| Adult 1: Last Name First | | | First Nam | ne | Mr. Mrs. Ms. O | ther | |
| Adult 2: Last Name | | | First Nam | ne | Mr. Mrs. Ms. Ot | her | |
| Children's N | lames | (under 21) | | | | | |
| Please comp | olete ti | he information below | if it is different from yo | ur Bermuda in Springtime (| Camp application. | | |
| Mailing Add | lress: F | louse Name/Unit #/P | О Вох | | | | |
| | | | | | | | |
| | | | | Postal Code | Country | | |
| | | | | | | | |
| Work Tel: ad | dult 1 | | | Work Tel: adult 2 | | | |
| | | | | Cell: adult 2 | | | |
| Preferred Er | mail | | | | | | |
| Alternate Er | | | | | | | |
| | | bership Levels | Memb. Fee | | <u>Note</u> | | |
| | | Killifish | \$75 | . , | runs from January 1 st to Decemb | | |
| | | Bermudiana | \$150 | Membership purchased | will be valid until December 31, 2 | 2021. | |
| | | Cahow | \$250 | | | | |
| | | Longtail | \$550 | | | | |
| | | Palmetto | \$1000 | | | | |
| ı | П | Cedar | \$2500 | | | | |

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Educating Tomorrow's Environmentalists

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

ASSOCIATION OF ZOOS AQUARIUMS

BZS Member No.:

Child's Name: