Registered Charity #179

Winter 2021 Application Form

Dates: Monday 20th December to Thursday 23^{ed} December 2021 Ages: 5 to 8 years (Born 2013-2016)

Camp Fee: \$230.00

General Information

"Winter in Bermuda" Camp, run by the Bermuda Zoological Society (B.Z.S.), is a 4-day natural history camp (9am-3pm) which gives children the opportunity to have positive experiences learning about nature. This camp offers hands-on education, field trips, animal encounters at B.A.M.Z. and in the field, as well as arts and crafts. The camp is based at the Bermuda Aquarium, Museum & Zoo (BAMZ).

The Winter Camp is for children aged 5 years to 8 years (born 2013-2016). All activities are geared for the appropriate age group.

Description of Camp:

The B.Z.S. Winter Camp explores how animals of cold lands survive and engages the campers in exploring how Bermuda experiences winter! Some of the highlights include our most popular "Polar Bear Swim" & "Trunk Island Hunt "(boat ride on Callista) and visiting our nature reserves to learn more about the winter wildlife that can be found there.

There will be animal encounters to enjoy as well as crafting throughout the week too!

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 3 must be signed by a parent/guardian in order for the application to be accepted.
- Full payment of camp fee will be delayed and taken closer to the commencement of camp in respect of any Government measures that may require camp to be cancelled. Once your application is approved you will be given an anticipated transaction date to process your payment. A non-refundable application fee of \$15/child is included in the camp fee.
- Winter Camp are available only to members of the Bermuda Zoological Society (B.Z.S.) or the Atlantic Conservation Partnership (ACP).
- If you do not have a current membership, use the form on page 3 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 which must be valid until December 31, 2021, at the time of application.
- All four pages of the completed application form for Winter Camp together with the camp fee and membership fee (if necessary) should be returned to the Bermuda Zoological Society via:
 - o Email: edadmin@bzs.bm
 - 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. If you have not received confirmation of your child's placement, please contact the Education Administrator (Hollyanne Shirley) at 293-2727 x 2181 or email edadmin@bzs.bm.

For further information:

Regarding application and registration or camp activities and curriculum contact the BZS Education Administrator (Hollyanne Shirley) at 293-2727 ext. 2181 or email edadmin@bzs.bm.

Please keep this page for your reference.



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☐ My BZS Membership #	is valid to December 31, 2021.					
Last Name (child):		First Name:				
Date of Birth (Day/Month/Year):		Gender: ☐ Male ☐ Female				
School:	School:		School Year to be completed:			
Parent/Guardian Name(s):						
Mailing address:						
			Post Code:			
Home tel:	Mother's Work:	Fatl	ner's Work:			
	Mother's Cell:	Fatl	ner's Cell:			
Preferred Email (to be used for Wir	nter Camp correspondence)	:				
Alternate Email:						
Requests/Comments: reques	t placement with frie	nds here, not via	email or phone			
	D : 0040	0010	0000 00			
☐ Winter Camp	Born in 2013-	-2016	\$230.00			
Swimming Ability: Non-s	wimmer 🔳 Beginne	er 🔳 Intermediat	e Strong			
Please bring with you Wet We	eather Gear, Water Shoe	s, and a Towel				
Health/Special Needs: 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.						
Child's Doctor:						
Is your child on any medication?	? YES∘ NO∘	If y	es, please specify			
Does your child have any specia	al health needs? YES	NO If y	es, please specify			
Does your child have any allerg	ies? YES∘ NO∘	If y	es, please specify			
Does your child have any other	special needs? YESo	NO∘ If y	es, please specify			
Does your child have any learning challenges? YESo NOo If yes, please specify		es, please specify				

Disclaimer - must be signed.

- ➤ I understand that there are inherent risks sending my child to Winter Camp related to the Covid-19 Pandemic. I understand that the BZS will comply with Government protocols related to reducing the transmission of Covid-19 but that these protocols do not eliminate the risk to my child and by extension my family.
- ➤ 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 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 Winter Camp.

Child's Name: (please print)				
Signed: (parent/guardian)	Date:			
Application will not be accepted if disclaimer is not signed.				

Educating Tomorrow's Environmentalists

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

ASSOCIATION OF ZOOS AQUARIUMS

Winter Camp 2021 Application Form (cont.)

Winter Camp 2021 Payment Form

I am paying by:						
☐ Cash - if paying with cash at the BAMZ fr	ont entrance you mu	st have the exact cha	ange.			
☐ Credit/Debit Information:						
Credit Card #:		Exp. Date:	CVC#:			
Card Holder's Name (print clearly):						
Card Holder's Signature:						
On-line by Direct Deposit to our HSBC ac Be sure to include your membership # and 'Wir		001. Date of transfer	:			
I would like to help a deserving child attend Winter Camp by making an additional donation of: \$\bigcap\$\$ \$\bigcap\$\$ \$\bigcap\$\$ \$\bigcap\$\$ Other						
Please note Pick up Time is at 3:00pm, if you are more than 10 minutes late (without notifying Camp) a Late Fee is						
charged.						
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Camp Fee: \$ 230.00	Memb. Fee: \$	Donation: \$	Total Payment: \$			

Refund Policy:

- If we have to cancel due to government measures in regard to covid 19 you will be refunded the camp fee minus a small administration fee
- Our refund policy is in place in order for us to meet the budgetary requirements of staffing and running our Camp Programme.
- Full refund (less \$15.00 application fee) if cancellation is received before December 13, 2021.
- No refund for cancellations received after the start of your child's session.
- 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.

Please complete the form below if you do not have a membership valid to December 31, 2021.

Membership fee must be included with your camp payment.

BZS Membership Application Form

بط	LO MICHIDEIS		
BZS/ACP Membership Applicat	ion: This is a 🗖	new membership $\ \square$ renewal of Membersh	ip#
adult 1: Last Name	Firs	st Name Mr. Ms. N	Mr. Ms. Ms. Other
adult 2: Last Name	Fire	st Name Mr. Ms. I	Is. Other
Children's Names (under 21 year	ars of age)		
		fferent from your Winter Camp application.	
Mailing Address: House Name/	Unit #/PO Box _		
Street # Street N	lame		
Parish/Town	State	Postal Code Coun	try
Home Tel:			
Work Tel: adult 1		adult 2	
Cell: adult 1		adult 2	
Fax: adult 1	· · · · · · · · · · · · · · · · · · ·	adult 2	
Preferred Email			
Alternate Email			
Membership Levels	Memb. Fee	<u>Note</u>	
☐ Killifish	\$75	The BZS membership year runs from January 1st to De	ecember 31 st .
Bermudiana	\$150	Renewals received after January 1st are subject to a fu	ıll year's fee.
Cahow	\$250		
Longtail	\$550		
Palmetto	\$1000		
☐ Cedar	\$2500		

Return completed application form to the Bermuda Zoological Society:

email edadmin@bzs.bm

Full payment must accompany your application.

Applications are processed on a "First Come First Served" basis.

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