Entomology Field Camp General Information Form

Participant’s Name: ____________________________ (Last) ____________________________ (First) ____________________________ (Gender) ____________________________ (Age)

Address: __________________________________ (Street) ____________________________ (City) ____________________________ (State) ____________________________ (Zip code)

Parent/Guardian Name: ____________________________ E-mail ____________________________

Phone Day: ____________________________ Phone Evening: ____________________________

Grade entering: 5, 6, 7, 8, or 9 School: ____________________________ City: ____________________________

(Please circle)

How did you find out about UF/IFAS’s Summer Camp? (Check all that apply)

☐ Newsletter   ☐ Flyer   ☐ Guidance Counselor   ☐ Teacher   ☐ Other ____________________________

Adult T-shirt Size (check one): ☐ S   ☐ M   ☐ L   ☐ XL

Who may pick up your child?

Name: ____________________________ Phone: ____________________________ Relationship ____________________________

Name: ____________________________ Phone: ____________________________ Relationship ____________________________

Campers will need to pack their own lunches on all days. We will provide bottled water, Gatorade and juices, as well as light snacks of chips, crackers, and fruit throughout the week.

Special Dietary Needs/Food Allergies:

________________________________________________________________________________________

________________________________________________________________________________________

Do you give us permission to provide a lunch for your child should they forget one, using the dietary restriction/allergy information you provided, and releasing the UF Entomology Camp from any liability resulting from allergic reactions or dietary upsets? ____________________________

Signature of parent/guardian ____________________________ Date ____________________________