

## Aquatic Adventure Summer Camp

Children have a captivating experience discovering Florida ecosystems, collecting fascinating marine critters, and caring for their own aquarium!

With 4 counselors and just 16 campers per week, kids will explore the Loxahatchee River from the ocean's beautiful reefs to the freshwater cypress swamps at Riverbend Park in a safe, personal environment.

Adventurers will get "hands-on" with the Loxahatchee, hiking & kayaking to diverse local habitats, participating in exciting eco-games, and seining and dip netting in the clear waters of Jupiter!

### Lifeguard Certified Counselors

#### Camp Activities Include:

- Kayak & Canoe Outings
- Snorkeling & Swimming
- Animal Collection
- Nature Hikes
- River Center Aquarium Care
- Eco Games & Crafts
- Fishing (Special Camp Only)



# 2014 Camp Dates

**Monday - Friday 9am-4pm**  
**Extended Hours 8am-5pm**

## Loxahatchee Fishing Camp

June 16 - June 20, 2014

{Entering 6th, 7th, 8th Grades}

## Aquatic Adventure Camp

Nature Navigators

{Entering 1st, 2nd & 3rd Grades}

June 23-27 | July 14-18 | August 4-8

River Trekkers

{Entering 4th, 5th & 6th Grades}

July 7-11 | July 28-August 1

# The River Center's

# AQUATIC ADVENTURE SUMMER CAMP

Ages  
6-13

- Explore the Loxahatchee River
- Kayak & Paddleboard
- Snorkel & Swim
- Collect Marine Animals
- Feed & Care for Fish
- Care for Your Own Aquarium

\$215/wk

Per

Camper

\$35/wk  
Extended  
Care

\$15/wk  
Sibling  
Discount



RIVER CENTER (561) 743-7123 | [rivercenter@loxahatcheeriver.org](mailto:rivercenter@loxahatcheeriver.org)





at Burt Reynolds Park  
805 N US HWY 1  
Jupiter, FL 33477  
(561) 743-7123

# AQUATIC ADVENTURE

(Please Circle One)

## Summer Camp Registration Form

Child's Name: \_\_\_\_\_ Sex: F / M Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ & \_\_\_\_\_

Phones: \_\_\_\_\_ & \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Non-Parent)

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Non-Parent)

Special Conditions (including physical limitations, allergies, special medications, etc.): \_\_\_\_\_

### Older Child Sessions:

(Check All That Apply)

Fishing Camp: June 16-20 \_\_\_\_\_

River Trek: July 7-11 \_\_\_\_\_

River Trek: July 28-Aug 1 \_\_\_\_\_

### Younger Child Sessions:

(Check All That Apply)

Nature Nav: June 23-27 \_\_\_\_\_

Nature Nav: July 14-18 \_\_\_\_\_

Nature Nav: August 4-8 \_\_\_\_\_

### Payment Type (Please Indicate Your Payment Type):

Payment must be received to complete child's registration.

**Total: \$ \_\_\_\_\_ Cash**

**Check:** Made out to Friends of the Loxahatchee River

**Credit Card:** Visa Mastercard Discover

\*Please call 561-743-7123 to pay over the phone with a credit card\*

**Waiver & Release:** Even though many safety precautions exist, there is always potential to be injured, bitten, or scratched when exploring nature and working with wild animals. Many activities occur on the water. Instructors are lifeguard certified, but the risk for serious injury and drowning exists. It is important that you understand and accept these risks before registering your child for this summer camp. I accept all risks inherent to the summer education programs at the River Center, including the additional risks that exist when working with or around wild animals, exploring the outdoors, and traveling to offsite locations and do hereby release the River Center, Friends of the Loxahatchee River, the Loxahatchee River Environmental Control District, as well as their directors, officers, agents, employees, and members from all liability for injury during the summer program activities. It is further understood that the River Center is not responsible for the loss of personal property. I understand that my child is expected to maintain appropriate behavior. If my child is having difficulty in this area, I understand that I will be notified and may be asked to remove my child from the summer program without a refund of payment. I also understand that I may be asked to provide a copy of my child's birth certificate as verification of their age. I have read the risk factors listed above and this waiver, and fully understand its contents. I am aware that this is a release of liability and have signed it of my own free will.

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

(561) 743-6314 fax | email: [rivercenter@loxahatcheeriver.org](mailto:rivercenter@loxahatcheeriver.org) | Scan the QR code for a printable form (on reverse)