



Summer 2020 Energy Camper Application - July 20th - July 24th

Virtual Camp Time: 10 am-12 pm; Optional Session Time: 1 pm - 1:45 pm or later

_____ I am interested in the virtual camp

_____ My student may be interested in the optional afternoon virtual session

Please complete in full for each child (you may combine children on one form), and mail with deposit (payable to Rethink Energy Florida) and insurance information to PO Box 1341, Tallahassee Florida 32302 or email the form to emily@rethinkenergyflorida.org.

Camper Information

Last Name: _____ First Name: _____

Birth date: (Month/Day/Year): _____ Grade in school: _____

Address (include zip code): _____

Home phone number: _____ Cell phone: _____

Special Requirements or Considerations (disabilities, medical, custody, food concerns):

Parent/Guardian Information

Primary Parent(s) or Guardian(s): _____ Relationship to Camper: _____

Address (if different from above): _____

Home Phone Number: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Parent email address: _____

Additional Emergency Contacts

Name of Emergency Contact 1: _____ Relationship to Camper: _____

Best contact number: _____ Authorized to pick up your child from camp? _____

Name of Emergency Contact 2: _____ Relationship to Camper: _____

Best contact number: _____ Authorized to pick up your child from camp? _____

Tuition: We recognize that we are in a unique time and that our virtual option is not a full day. We will employ enough staff to provide a fun and safe experience. In a normal year, our tuition would be \$160, with a \$50 deposit. However, partial and full scholarships have always been and continue to be available. For that reason, we are providing Energy Camp on a donation basis for those able to afford it.

I am able to pay _____ and have enclosed a deposit of \$____.

Please forward a scholarship application for a full scholarship.

Additional Considerations

We will have guest speakers as well as hands-on activities and crafts; please make sure your child has a work area that is free from distractions and has the proper technology to access the virtual camp (tablet/computer with Zoom, headphones, camera, microphone). We will be mailing the campers a box of all other materials needed for activities. Parents/Guardians should be accessible to the camper in cases of emergency or mess. 10-minute breaks will be scheduled around 11:00 am. Lunch breaks will be scheduled from 12pm-1pm.

Authorization and Signature

As parent or guardian of _____, I affirm that all information provided in this Virtual Summer Energy Camp Application is accurate. I hereby give permission for my child to participate in all camp activities, which may include, but are not limited to, virtual field trips, at-home gardening, cooking in non-electric stoves, and working with solar panels. I understand and acknowledge that there are inherent risks and dangers in the activities and programs offered by Energy Camp. I hold Rethink Energy Florida harmless of any accidents/injuries relating to the activities and programs rendered by the organization.

Print Name: _____ Signature: _____ Date: _____

Photo Release

I _____ give permission for any photographs taken of my child, _____, during programs at Energy Camp to be used in any present or future publication or advertisement about the Energy Camp and/or Rethink Energy Florida.

Signature: _____ Date: _____

[We're looking forward to a fantastic time during Energy Camp!](#) - ReThink Energy Florida