

Explore | Experience | Connect

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



2017 Camp Dates

Monday - Friday 9am-4pm

Extended Hours 8am-5pm

Loxahatchee Fishing Camp

Middle School: July 24-28

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

Teen Community Service Week

{Entering 9th - 12th Grades}

July 31 - August 4

Aquatic Adventure Camp

Nature Navigators

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

June 5-9 | June 19-23 | July 10-14

River Trekkers

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

June 12-16 | June 26-30 | July 17-21

**\$215/wk
Per
Camper**

**\$35/wk
Extended
Care**

**\$15/wk
Sibling
Discount**

The River Center's

AQUATIC ADVENTURE

SUMMER CAMP

**Ages
6-17**

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



RIVER CENTER (561) 743-7123 | education@lrecd.org





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

AQUATIC ADVENTURE

Summer Camp Registration Form

Child's Name: _____ Sex: F M Date of Birth (MM,DD,YY) _____ Age: _____ Grade: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent Name(s): _____ and _____
 Phones: _____ and _____ Email: _____
 Emergency Contact 1: _____ Relationship: _____ Phone: _____
(non parent)
 Emergency Contact 2: _____ Relationship: _____ Phone: _____
(non parent)
 Special Conditions (including physical, mental, or emotional limitations, allergies, medications, other conditions): _____

T-Shirt Size:
 Youth S _____
 Youth M _____
 Youth L _____
 Adult S _____
 Adult M _____
 Adult L _____
 Adult XL _____

Older Child Sessions: (Check all that apply)

- River Trekker: June 12-16 _____
(4-6th grade)
- River Trekker: June 26 - 30 _____
(4-6th grade)
- River Trekker: July 17 - 21 _____
(4-6th grade)
- Fishing Camp: July 24 - 28 _____
(6-8th grade)
- High School: July 31-Aug 4 _____
(9-12th grade)

Younger Child Sessions:

- (Check all that apply) - {Entering 1st - 3rd grades}
- Nature Nav: June 5 - 9 _____
 - Nature Nav: June 19 - 23 _____
 - Nature Nav: July 10 - 14 _____

Payment Type:

Payment must be received at time of registration to guarantee a spot for your child.

- Total Due: \$ _____
- Check: \$ _____
- Cash: \$ _____
- Credit: \$ _____

(We accept Visa, Mastercard, Discover. Please call the River Center at 561-743-7123 to pay by phone)

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.

Signature: _____

Date: _____