

# SOUTH LOUISIANA WETLANDS *Discovery Center*

## Spring Mandalay Nature Trail Adventure 8:00 a.m. to 4:00 p.m. - Tuesday, April 7, 2015

The South Louisiana Wetlands Discovery Center partners with the Mandalay National Wildlife Refuge to offer the Mandalay Trail Adventure in the Fall and Spring. Students travel from the Bayou Terrebonne Waterlife Museum to the Mandalay Nature Trail to participate in a wetlands foliage scavenger hunt. Teachers lead the students through the hunt and explain the differences between native and non-native species, invasive and non-invasive plants, and the benefits as well as the harmful characteristics of some of them. Students then travel back to the Bayou Terrebonne Waterlife Museum to discuss their findings and participate in other hands-on learning activities.

**Eligibility:** Must be in 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> grade

**Fees:** \$30.00 participation fee per student (fee is to be paid in advance).

**Fee due by Thursday, April 2, 2015.** NO REFUNDS on fee.

**Time:** 8:00 a.m. to 4:00 p.m.

**Date:** Tuesday, April 7, 2015

**Locations:** Mandalay Nature Trail and Bayou Terrebonne Waterlife Museum

**Drop Off:** Students should be dropped off between 8:00 – 8:15 a.m. at the Bayou Terrebonne Waterlife Museum – 7910 W. Park Ave., Houma.

**Pick Up:** Students should be picked up between 4:00 - 4:15 p.m. at the Bayou Terrebonne Waterlife Museum

**Things to bring:** Bag Lunch and drink  
Sunglasses  
Sun Screen and Bug Repellant  
Tennis shoes or other closed toe shoes – NO CROCS or flip flops

**Things NOT to Bring:** Electronic Games

Registration is on a first come, first serve basis. Only 30 students will be accepted.  
Please keep this page for future reference.

Please complete the registration form and return it to:  
**Wetlands Discovery Center**  
7910 W. Park Avenue  
Houma, LA 70363

Registration Form  
Spring Mandalay Nature Trail Adventure  
Tuesday, April 7, 2015

Please Print

Student: Name \_\_\_\_\_ Age \_\_\_\_\_ 2014-2015 Grade \_\_\_\_\_

School Name (2014-2015 Year): \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address: \_\_\_\_\_

(IMPORTANT: used to notify of registration completion, balance due, and any changes that may occur)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Number you may be reached at during the day of the trail? \_\_\_\_\_

Emergency contact person name and relationship to child \_\_\_\_\_

Emergency number of contact person above (cell) (home) (other) \_\_\_\_\_

Please list any allergies (food, animal, plant, or insect) your child may have. Also, please list any medical or physical conditions your child may have.

Please call 985-580-7289 or email [apercle@slwdc.org](mailto:apercle@slwdc.org) for space availability since enrollment is limited before mailing or dropping off the completed form along with your payment.

Drop off or mail completed registration form and payment to:

**Wetlands Discovery Center**  
**7910 W. Park Avenue**  
**Houma, LA 70364.**

Your fees must arrive **no later than Thursday, April 2, 2015.**

No registration will be accepted without payment. NO REFUNDS. You will be notified by email when your registration has been completed. If the event is full upon receipt of your registration, your check will be returned to you. Checks should be made to South Louisiana Wetlands Discovery Center or SLWDC.

# South Louisiana Wetlands Discovery Center

## **HOLD HARMLESS AND MEDIA RELEASE WAIVER**

I hereby agree to release the South Louisiana Wetlands Discovery Center, its staff and instructors or any supervisors/assistants appointed by them, and the Bayou Terrebonne Waterlife Museum from the responsibility for any injuries or accidents which my child may incur while participating in any of the programs offered by the Wetlands Discovery Center. I also understand that if my child has any special medical needs (physical or mental), I will inform the staff in writing to be kept on file in case of an emergency.

I further agree to allow the South Louisiana Wetlands Discovery Center and any news media to use any photos or videos of my child that were taken during my child's participation in any of the programs offered by the Wetlands Discovery Center.

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

