

Camper Name: _____

Age: _____

Gulf Specimen Marine Lab Aquatic Adventures Summer Camp Registration Form

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Gulf Specimen Marine Lab's Aquatic Adventures Summer Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Camper Name: _____

Age: _____

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SUMMER CAMP FEES - \$150 per child for members and \$160 per child for non-members (9:00 am-4:00pm daily)

Extended Care is available for those who may need it.

AM Extended Care, 7:45 a.m. to 9:00 a.m., \$5/day. PM Extended Care, 4:00 p.m. to 5:15 p.m., \$5/day.

Campers arriving before 9:00 am or leaving after 4:00pm MUST be enrolled in the Extended Care.

You must sign up for extended care at the time of registration and include the cost in your camp payment. .

You MUST pick your child up on time. A \$1/minute late fee is applied if your child is picked up later than 4:00pm for campers and later than 5:15 pm for extended care campers.

Payment is due at the time of registration.

ALL FEES ARE NON-REFUNDABLE

Each child will need to bring their lunch each day. Snacks will be provided each day.

Choose which week your child will be attending. (Circle one)

June 4-8 (ages 5- 6)

June 11-15 (ages 7-8)

June 18-22 (ages 9-10)

June 25-29 (ages 11-12)

Choose one if you will be using our extended care program:

AM Extended Care: Yes No PM Extended Care: Yes No

Please circle how you heard about the Gulf Specimen's Aquatic Adventures Summer Camp.

Facebook____ Website____ School____ Word of Mouth____ Flyer____ Other_____

T-Shirt Size

Youth: S M L XL Adult: S M L XL (circle one)

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Gulf Specimen Aquatic Adventures Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Gulf Specimen Aquatic Adventures Summer Camp and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Gulf Specimen Marine Lab Aquatic Adventures Summer Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Gulf Specimen Marine Lab is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that summer camp fees are non-refundable. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____