Florida Oceanographic Coastal Center

Coastal Discovery Summer Camp 2019

Discover the wonders of Hutchinson Island, a barrier island located between America's most bio-diverse estuary, the Indian River Lagoon, and the Atlantic Ocean. Campers will experience a variety of aquatic and terrestrial ecosystems, conduct fun and relevant science experiments, and interact with Florida Oceanographic's wide array of live marine animals. Instruction and activities will focus on conservation of natural habitats by learning about a variety of plant and animal species. Daily hands-on, feet-wet experiences are designed to inspire curiosity and creativity.

Snails, Tails, and Pails
Full Day Camp

Get ready to get salty! Learn about the plants and animals that call the Florida Oceanographic Coastal Center and our local waterways home. Get up-close and personal as we explore each animal group and their unique characteristics with hands-on activities, games, and crafts. We'll go seining, walk our nature trail, and jump into our local waters, so join the fun!

Ages 5-7 | 9am-3pm | June 3-7 **and** July 22-26
Ages 8-11 | 9am-3pm | June 17-21

FULL

Sea-sational Science
Full Day Camp

Let's go exploring! Join us for a week of fun, interactive learning as we conduct daily experiments to understand marine life and how the ocean works. Campers will have hands-on interactions with the residents of the Coastal Center, including our stingrays, horseshoe crabs, and more. Scientists will explore buoyancy, ocean currents, animal biology, and other exciting topics.

Ages 5-7 | 9am-3pm | June 10-14
Ages 8-11 | 9am-3pm | June 24-28

FULL

Contact Shannon Dack, Camp Director,
at 772-225-0505 ext. 118, or
sdack@floridaocean.org
Registration packets available for download or at the Florida Oceanographic Coastal Center

Coastal Discovery Summer Camp Reminders
KEEP THIS PAGE

Drop Off/Pick Up Policy:

-Drop off is from 8:30 to 9:00am at the Butterfly Garden gate
-**If you will be later than 9:00am or your camper will not be attending that day, please call and let us know: 772-233-0011**
-Parent/guardian on the authorized list must sign children in and out with a staff member every day
-Please bear in mind your child will be missing out on quality experiences if not dropped off on time
-Parents may car pool if the adult is on camper's list of authorized individuals for pick-up/drop-off
-Please pick-up children promptly at 3:00pm
-A **photo ID**, such as a driver's license, **is required** to sign out a child
-A courtesy phone call will be made at 3:10pm if the child has not been picked up, and an additional fee of $1.00 per minute will be charged after 3:15pm.

Campers should WEAR each day:

-Closed-toe shoes, such as gym shoes or crocs
-Camp T-shirt (will be passed out first day of camp)
-Sunscreen and bug spray
-Swimsuit (on specified days)
-Please note: anything worn to camp may get dirty/wet

Campers should BRING each day:

-Water bottle (preferably a reusable bottle)
-Lunch and snack for full day camp—Due to allergy concerns with our campers, please refrain from food including peanuts
-Closed-toe water shoes (not crocs)
-Hat and/or sunglasses
-Change of clothes, towel
-Bug spray
Do NOT bring valuables or electronic devices to camp (cell phones will be permitted, but will only be used to contact the parent/guardian and will be stored during camp hours)

Cancellation Policy:

Cancellations made more than two weeks prior to your camp session will be refunded, minus a $25 administrative fee. No refunds will be given if registration is cancelled within two weeks of your camp session.

Camper Conduct:

Campers are expected to obey and respect Florida Oceanographic staff and rules. Campers will respect other camp participants by not using inappropriate language, hitting, pushing, or inappropriately touching other camp participants. The parent or guardian will be notified of any behavioral problems during camp. Serious or repeated misbehavior may result in consequences up to and including dismissal from the summer camp program without refund.

Age Difference in Camp Group:

Campers interested in our 5-7 year old full day camp must have attended kindergarten. If your camper is 5 years old and will be entering kindergarten, they will be welcome to join us for our half day week. Exceptions to the age groupings for sibling campers may be made at the discretion of Florida Oceanographic staff.

Please retain this sheet for your information. Thank you.

Summer Week Registration

Camp week registered for (please circle):

Snails, Tails, and Pails

~~June 3-7~~ ~~Ages 5-7~~

~~July 22-26~~ ~~Ages 5-7~~

~~June 17-21~~ ~~Ages 8-11~~

Sea-sational Science

~~June 10-14~~ ~~Ages 5-7~~

~~June 24-28~~ ~~Ages 8-11~~

Camper's Name:_____ Male_____ Female_____

Date of Birth:_____ Age at Camp:_____ Grade in fall: _____

School attending:_____

Mailing Address:_____ City, State:_____ Zip:_____

Home Phone:_____ Custody: Mother____ Father___ Both___ Other_____

Parent's Name:_____ Work Phone:_____ Cell:_____

Parent's Name:_____ Work Phone:_____ Cell:_____

Emergency Contact if Parent/Guardian not available:

Name:_____ Relationship:_____ Phone number: _____

Email Address: _____

Member of Florida Oceanographic? Yes_____ No_____

How did you hear about the Coastal Discovery Summer Camp?

_____

T-shirt size (please circle one): *Youth* S M L XL *Adult* S M L XL

Each child will be issued **one** camp shirt. The child is expected to wear camp shirt **every day**.

Additional camp shirts may be purchased for $9.00/shirt . # of extra shirts _____

Camp Cost:

Full Day Camp Member: $195 Non-Member: $230

Name _____

Credit Card #_____

Exp._____ 3-digit CVC:_____

Billing Zip Code_____

Additional Shirt $_____

Camp Cost $_____

Total $_____

Camper's Name _____

Medical History
Does your child have any allergies? _____
Please Specify: _____
_____
Does your child have any medical problems or special concerns (physical, mental, emotional) which would have an effect on the child's participation in this activity? Yes_____ No_____
If yes, please describe: _____
_____
_____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD'S PARTICIPATION (LIMITED ACTIVITIES, MEDICATIONS, DIETARY RESTRICTIONS, etc.) IN THE SPACE PROVIDED BELOW.

_____
_____

If your child has special or unique needs, please contact Camp Director Shannon Dack to determine whether we will be able to provide a safe and enjoyable camp experience.

Medical Consent

Name of Child's Family Physician:_____
Physician's Phone Number:_____

Medical or hospitalization insurance which provides benefits for this child:

Name of Insurance Co.: _____
Address: _____
Phone Number of Insurance Co.: _____
Policy No. of Insurance Plan: _____
Name of Policy Holder: _____
This health history form is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities except as noted. ☐ (please check box to confirm)

Pick-Up Release Consent Form

I,_____, grant permission for my child _____ to be dropped off and/or picked up by the following individuals. **Only persons listed below will be authorized to pick up your child. Persons must come with appropriate photo identification.**

Name of Person (s)	**Relation to Child**

Under no circumstance should the following people be allowed to pick-up my child:

Name of Person (s)	**Relation to Child**

Camper's Name_____

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the Florida Oceanographic Society to order emergency care for my child, and in the event I cannot be reached in an emergency, I hereby authorize any examinations, tests, treatments and medicine deemed necessary by the emergency physician or personnel for my child as named above and further agree to pay the cost and expense of the treatment described above. I also hereby grant permission to the Florida Oceanographic Society staff to treat minor cuts, scrapes, burns (including sunburns) and stings with basic First Aid treatment.

Swimming Consent Form
I grant permission for my child to participate in swimming, seining, and other water-related activities during Coastal Discovery Summer Camp 2019 at Florida Oceanographic Coastal Center. ***I certify that my child is a competent swimmer***.

Photo and Quotation Release Form
I hereby grant permission to Florida Oceanographic Society to take and use photographs of my child on the Florida Oceanographic website and/or in other official printed publications without further consideration. I acknowledge the right of Florida Oceanographic staff to crop or treat the photographs at their discretion. I also acknowledge that the staff at Florida Oceanographic may not choose to use my photographs at this time, but may use them at a later date at their own discretion. I understand that photographs posted on the World Wide Web are accessible and can be copied by any computer user. I hereby grant permission to Florida Oceanographic Society to use quotations made by my child for advertising purposes. Therefore, I agree to indemnify and hold harmless from any claims all directors, members, employees, and volunteers of Florida Oceanographic, Florida Oceanographic Coastal Center, and the Florida Oceanographic Society. Florida Oceanographic reserves the right to discontinue use of photographs or quotations without notice.

Off-Site Transport Consent
I hereby grant permission to the Florida Oceanographic Society to transport my child off-site for a variety of camp field trips and other activities. I acknowledge that scheduled activities are subject to change at the discretion of the Florida Oceanographic Society.

Program Waiver
As parent or legal guardian, I hereby give permission for my child to participate in Coastal Discovery Summer Camp 2019, organized by Florida Oceanographic Society. I affirm that all the information I have provided is true and accurate to the best of my knowledge. By signing below I understand that my child is participating in a program which includes certain risks associated with outdoor activities. My child is voluntarily participating in this program and I hold harmless the Florida Oceanographic Society from all responsibilities of personal injury. I hereby waive any and all claims against the Florida Oceanographic Society, its directors, members, employees, and volunteers for any damages, injuries, loss or liability which may occur during his/her participation in this program, whether on Coastal Center property, in transit, or at a separate location on a field trip.

Name of Participant (PRINT)	_____	Date:	_____
Parent or Guardian (PRINT)	_____	Date:	_____
Signature of Parent or Guardian	_____	Date:	_____
Signature of Witness (signed by non-family member)	_____	Date:	_____