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
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 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 12:00pm.
-A photo ID, such as a driver’s license, is required to sign out a child.
-A courtesy phone call will be made at 12:10pm if the child has not been picked up, and an additional fee of $1.00 per minute will be charged after 12:15pm.

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)
- Snack for half day camp—Due to allergy concerns with our campers, please refrain from food including peanuts
- Closed-toe water shoes (not crocs or flip-flops)
- 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 5-6 year old half day camp must have attended pre-kindergarten. If your camper is 5 years old and will be entering pre-kindergarten in the fall, they will be welcome to join us next summer for our half day camp. 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):

July 27-31

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:
Email Address:_________________________________________________________________________
Emergency Contact if Parent/Guardian not available:
Name:____________________________ Relationship:__________________ Phone number: _________________
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:
Half Day Camp  Member: $145  Non-Member: $170

Name_______________________________________ Credit Card #________________________________
Exp._________________ 3-digit CVC:__________________
Billing Zip Code____________________________________

Additional Shirt $________________________
Camp Cost $________________________
Total $________________________
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 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
________________________________________________________________________________________
________________________________________________________________________________________
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 2020 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 2020, 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: ______________