**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. Participants will experience a variety of aquatic and terrestrial ecosystems and interact with Florida Oceanographic’s wide array of live marine animals. Instruction and activities will focus on one of two topics below. These daily hands-on, feet-wet experiences are designed to inspire environmental stewardship and a greater understanding of our coastal home.**

**Expedition: Florida**

Explore the wilds of Florida and the fascinating ecosystems that make our state unique. Participants will hike through our mangrove forest, snorkel Dubois Park, go fishing, and much more as they learn about the plants and animals that call these places home.

* Ages 12-14 | 8am-2pm | July 6-10

**Snorkeling and Reef ID 101**

Create some bubbles in this snorkeling-intensive camp. Learn the basics of snorkeling, how to identify local marine life, and conduct REEF fish surveys as we explore different popular snorkeling sites, including Dubois Park, Bathtub Reef Beach, and Blue Heron Bridge.

* Ages 13-16 | 8am-2pm | July 20-24

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

Florida Oceanographic Coastal Center ~ 890 NE Ocean Blvd. ~ Stuart, FL 34996 ~ www.floridaocean.org
**Specialty Immersion Reminders**

PLEASE KEEP THIS PAGE

**Drop Off/Pick Up Policy:**
- Drop off is from 7:30 to 8:00am at the Butterfly Garden Gate
- If you will be later than 8:00am or your participant will not be attending that day, please call and let us know: 772-233-0011
- Parent/guardian must sign participants in and out with a staff member every day
- Please bear in mind your participant will be missing out on quality experiences if not dropped off on time
- Parents may car pool if adult is on participant’s list of authorized individuals for pick-up/drop-off
- Please pick-up promptly at 2pm
- A **photo ID**, such as a driver’s license, is **required** to sign out a participant
- If the participant will be driving themselves, they must check-in and out similarly to parents. They will NOT be allowed to visit their car during program hours.
- A courtesy phone call will be made at 2:10pm if the participant has not been picked up, and an additional fee of $1.00 per minute will be charged after 2:15pm.

**Participants should WEAR each day:**

<table>
<thead>
<tr>
<th><strong>Expedition: Florida</strong></th>
<th><strong>Snorkeling and Reef ID 101</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Closed-toe water shoes (may also bring/wear gym shoes)</td>
<td>- Closed-toe shoes such as gym shoes or crocs</td>
</tr>
<tr>
<td>- Immersion T-shirt (will be passed out first day)</td>
<td>- Swimsuit and rash-guard/swim shirt</td>
</tr>
<tr>
<td>- Swimsuit</td>
<td>- Sunscreen and bug spray</td>
</tr>
<tr>
<td>- Sunscreen and bug spray</td>
<td>- Please note anything worn may get dirty/wet</td>
</tr>
<tr>
<td>- Please note anything worn may get dirty/wet</td>
<td></td>
</tr>
</tbody>
</table>

**Participants should BRING each day:**

<table>
<thead>
<tr>
<th><strong>Expedition: Florida</strong></th>
<th><strong>Snorkeling and Reef ID 101</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Reusable water bottle</td>
<td>- Immersion T-shirt (will be passed out first day)</td>
</tr>
<tr>
<td>- Lunch and snack—Due to allergy concerns with our participants, please refrain from food including peanuts</td>
<td>- Reusable water bottle</td>
</tr>
<tr>
<td>- Hat and/or sunglasses</td>
<td>- Lunch and snack—Due to allergy concerns with our participants, please refrain from food including peanuts</td>
</tr>
<tr>
<td>- Change of clothes and towel</td>
<td>- Hat and/or sunglasses</td>
</tr>
<tr>
<td>- Bug spray and sunscreen</td>
<td>- Change of clothes and towel</td>
</tr>
<tr>
<td>- If possible, mask, snorkel, and fins</td>
<td>- Bug spray and sunscreen</td>
</tr>
<tr>
<td></td>
<td>- Mask, snorkel, and fins</td>
</tr>
</tbody>
</table>

Do NOT bring valuables or electronic devices. Cell phones will be permitted, but will only be used to contact the parent/guardian and will be stored at all other times.

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

**Participant Conduct:**
Participants are expected to obey and respect Florida Oceanographic staff and rules. Participants will respect other participants by not using inappropriate language, hitting, pushing, or inappropriately touching other participants. The parent or guardian will be notified of any behavioral problems during the week. Serious or repeated misbehavior may result in consequences up to and including dismissal from the summer program without refund. **Please retain this sheet for your information. Thank you.**
Summer Week Registration

Specialty week registered for (please circle):

Expedition: Florida
July 6-10

Snorkeling and Reef ID 101
July 20-24

Participant’s Name:____________________________________________ Male_______ Female_______

Date of Birth:_________________________ Age for their Week:________ 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 Specialty Immersions?
__________________________________________________________________________

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

Each child will be issued one Immersion shirt.

Additional shirts may be purchased for $10.00/shirt. # of extra shirts _________

Camp Cost:

| Immersion Week | Member: $200 | Non-Member: $240 |

Name ______________________________________

Credit Card #________________________________

Exp._______________ 3-digit CVC:_______________

Billing Zip Code______________________________

Additional Shirt $________________________

Week Cost $________________________

Total $________________________
Participant’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
____________________________________________________________________________________________
____________________________________________________________________________________________
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 Specialty Immersions 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 Specialty Immersions 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: __________________________

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