



Florida
Oceanographic
Coastal Center

Teen Immersion Experiences 2020

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:

Expedition: Florida

- Closed-toe water shoes (may also bring/wear gym shoes)
- Immersion T-shirt (will be passed out first day)
- Swimsuit
- Sunscreen and bug spray
- Please note anything worn may get dirty/wet

Snorkeling and Reef ID 101

- Closed-toe shoes such as gym shoes or cros
- Swimsuit and rash-guard/swim shirt
- Sunscreen and bug spray
- Please note anything worn may get dirty/wet

Participants should BRING each day:

Expedition: Florida

- Reusable water bottle
- Lunch and snack—Due to allergy concerns with our participants, please refrain from food including peanuts
- Hat and/or sunglasses
- Change of clothes and towel
- Bug spray and sunscreen
- If possible, mask, snorkel, and fins

Snorkeling and Reef ID 101

- Immersion T-shirt (will be passed out first day)
- Reusable water bottle
- Lunch and snack—Due to allergy concerns with our participants, please refrain from food including peanuts
- Hat and/or sunglasses
- Change of clothes and towel
- Bug spray and sunscreen
- Mask, snorkel, and fins

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

Participant'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 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:	_____