



Education Program Registration Form

Important Registration Information - PLEASE READ

- Please complete this form in legible print or type.
- Full payment is required to reserve a spot.
- We reserve the right to cancel a program if minimum registration requirements are not met.

Registration Questions? Contact (386)-428-3310 or michelle@marinediscoverycenter.org for more information.

Camp/s: Please circle all camps you are registering for and indicate the dates of those camps below.

Loggerheads
 Leatherbacks
 Mangrove Maniacs
 FWC Fishing
 Aquatic Adventures
 Lagoony's
 SCUBA
 Salty Scientists
 Water Warriors
 School Holiday Camp

Date/s: _____

Child

First _____ Last _____ Gender: _____

New to MDC ____ Returning to MDC ____ Birth date ___/___/___ Age ____ T-shirt size: _____

Please indicate the child's experience in the following outdoor activities (Beginner, Intermediate, Advanced).

Swimming _____ Kayaking _____

Parent/Guardian - Contact Information

Primary Contact (all information regarding camp will be sent to this contact's e-mail address)

First _____ Last _____

Street Address _____ Town/City _____ State ____ Zip Code _____

Cell Phone _____ Work phone _____ E-mail _____

Secondary Contact

First _____ Last _____

Street Address _____ Town/City _____ State ____ Zip Code _____

Cell Phone _____ Work phone _____ E-mail _____

Membership

Are you a member of Marine Discovery Center? Yes ____ No ____

If yes, what name is the membership registered under? _____

Please circle how you heard about the Marine Discovery Center Education Programs.

Website School _____ Flyer Word of Mouth Other _____

I would like to receive monthly newsletters and other communications from the MDC: YES NO

Please complete all 4 pages of the registration form before submitting.

Please read the following agreements and policies carefully before signing with your initials.

Terms of Agreement

Media Release

I hereby give permission for my child to be photographed during the Marine Discovery Education Program and for those photographs, as well as published videos or audio transmissions, to be used in news media and promotional segments, advertising, social media, websites, public information and cable television, DVDs, or any other lawful purposes. 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 all photos are the property of Marine Discovery Center and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official Marine Discovery Center Education Program activities by modes of transportation agreed to by the camp organizers. In the event of inclement weather or emergency, I allow Marine Discovery Center staff to transport my child as necessary.

Parent's/Guardian's Initials _____

Form of Consent (Required)

I have read the description of the Marine Discovery Center Education Programs and find it acceptable for my child's involvement. My child has permission to participate in the field trips on and off the center's property. I recognize the educational benefits of this program and acknowledge that participation is completely voluntary. I, the parent or guardian, do hereby agree to release indemnity and hold harmless the Marine Discovery Center for any bodily injury or any loss, injury, or damage to property resulting directly and indirectly from the involvement in this program.

Parent's/Guardian's Initials _____

Behavior Policy (Required)

I understand that the Marine Discovery Center is an educational program that requires strict safety and behavior guidelines. The staff at the center reserves the right to terminate the attendance of any child due to insubordinate issues without refund.

Parent's/Guardian's Initials _____

Pick Up/Drop Off Policy (Required)

I understand that pick up and drop off times for Marine Discovery Center Education Programs are set to allow staff to prepare and clean up before and after. Children must be picked up within 15 minutes after the end time of the program, or a \$10 fee will be incurred.

Parent's/Guardian's Initials _____

Cancellation Policy (Required)

If you decide to cancel 2 full weeks before the first day of camp, you will be refunded all but \$25 of the camp tuition or the entire amount can be credited to another camp. If cancellation occurs within the 2 weeks prior to the beginning of the camp, the Marine Discovery Center reserves the right to refund no more than 50% of the camp tuition or 80% of the amount applied to the cost of an upcoming scheduled camp.

Child's Name: _____

Parent/Gaurdian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Please complete all 4 pages of the registration form before submitting.



Education Program Medical Form

Parent/Guardian: Please print the following information. These details are important to ensure your child's safety and in helping us to prevent and treat health problems.

Child's Name: First _____ Last _____

Emergency Contact Information

First _____ Last _____ Relation to child _____

Street Address _____ Town/City _____ State _____ Zip _____

Home Phone _____ Cell phone _____ E-mail _____

Authorized Pick-up

Please list up to six names of anyone (**including yourself**) who will be picking your child up from Marine Discovery Center programs. Your child will only be released to the people on this list unless written permission is provided at morning drop-off. All individuals on the list or in a written note, including parents, **must show a photo I.D. each time they pick up your child.** This is for your child's safety.

Please print and write the name exactly as it appears on picture I.D.

FULL NAME (As is appears on I.D. - no nicknames)		FULL NAME (As is appears on I.D. - no nicknames)	
1	<i>Don't forget to list yourself!</i>	4	
2		5	
3		6	

Remember: All individuals must show a photo I.D. each time they pick up your child.

Medical Release Information

In order to provide the best possible handling of certain situations, please complete the following medical information and any additional comments pertaining to your child's health and physical limitations. (If yes on any below, you must discuss it with the Education Coordinator prior to participation in a camp.)

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

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedics be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Please complete all 4 pages of the registration form before submitting.

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 this child have ear problems that could be affected by water?

Yes _____ No _____ If yes, explain: _____

Does this child carry an Epi-pen or inhaler?

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.

All children are welcome at Marine Discovery Center programs. Please provide us with the tools necessary to give your child the best possible experience at MDC by informing us of any and all special considerations - this may include information on allergies, accessibility concerns, behavioral, physiological or emotional conditions or other special needs. Details of any Education Plans (IEP) or Behavior Plans used with your child at school can often be helpful.

Permissions:

I authorize Marine Discovery Center to give my child basic first aid as needed.

No Yes Initials _____

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. In case of emergency where a parent or guardian cannot be reached, I hereby give consent to the Marine Discovery Center to secure treatment for my child.

No Yes Initials _____

I understand that the Marine Discovery Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Initials _____

I understand that I am responsible for updating any personal or medical information that changes by contacting the Education Coordinator.

Initials _____

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Please complete all 4 pages of the registration form before submitting.