For internal use only: Receipt #:

MARINE DISCOVERY CENTER

Camp Program Registration Form

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

Loggerheads **Leatherbacks** **Mangrove Maniacs** **Camp Costa** **Aquatic Adventures**

Lagoonys **SCUBA** **Marine Sci-Fi** **School Holiday Camp**

Date/s:

_____

Child

First_____Last_____

Gender: _____ Age _____ Birth date _____/_____/_____

New to MDC _____ Returning to MDC _____ T-shirt size (summer camp only) _____

Please indicate the child's experience in the following outdoor activities (Needs Assistance, Beginner, Intermediate, Advanced). Swimming _____ Kayaking_____

Parent/Guardian - Contact Information

Primary Contact

First _____ Last_____

Street Address _____Town/City _____

State____ Zip Code _____ Cell Phone _____ Work phone_____

E-mail _____

All information regarding camp will be sent to this contact's e-mail address

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 Camp Programs.

Website Social Media School Flyer Word of Mouth Other _____

I would like to receive monthly newsletters and other communications from the MDC: Yes No

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 Camp 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/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official Marine Discovery Center Camp 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/Guardian's Initials _____

Form of Consent (Required)

I have read the description of the Marine Discovery Center Camp 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/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/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/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 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/Gaurdian: _____

Camp 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 (Please list someone other than the primary contact)

First _____Last _____Relation to child_____

Home Phone _____ Cell phone_____

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.

1.
2.
3.
4.
5.
6.

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.)

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

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:

_____

Permissions:

I authorize Marine Discovery Center to give my child basic first aid as needed. Yes No 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.

Yes No 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.

Yes No Initials _____

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

Yes No Initials _____

Due to concerns over COVID-19, we are working with extra precautions this year to ensure a safe and healthy environment for our campers. Activities are subject to change based on the current health guidelines. In an effort to minimize illness during your child's education program, we ask that you check on the health of your child daily prior to their scheduled program. Please notify us immediately if your child has any of the following symptoms (cough, shortness of breath, fever, chills, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea) prior to their education program. Please discuss proper hand hygiene, respiratory etiquette and the importance of physical distancing with your child. More information regarding COVID procedures will be sent to your email address prior to your child's education program.

I have read and understand the above COVID policies. Yes No Initials _____

Parent/Guardian Signature: _____ Date:_____

Printed Name of Parent/Guardian: _____

Please be sure to complete all 4 pages of the registration form before submitting. Your registration is not confirmed until this paperwork is turned into the Marine Discovery Center.