

# 2024 Summer Camp

## Gulf Specimen Marine Lab Aquatic Adventures Registration Form

### Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

### Parent/Guardian - Contact Information

#### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

#### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Child lives with: \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

#### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

#### Emergency Contact #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**A license will be required at pick up to sign out the child, if the license does not match a name listed for pick up, the child will NOT be released into your/their custody. If you want to add a person to this list it must be submitted through email by 12pm the day of.**

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

### Please List Medical Considerations and Conditions

\_\_\_\_\_

Will your child be attending with an aid or someone who helps with management of conditions?

Yes \_\_\_ No \_\_\_ If yes, please include detail: \_\_\_\_\_

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 your child require a special diet?

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

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with or alter treatment.

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.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Gulf Specimen Marine Lab's Aquatic Adventures Summer Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**SUMMER CAMP FEES - \$200 per child for non-members and \$190 per child for members. (\*If you are signing up 2 or more kids you will be given a discount rate of \$190 for non members and \$180 for members per week). Payment is due at the time of registration.**

**ALL FEES ARE NON-REFUNDABLE IF YOU DO NOT NOTIFY US OF CANCELLATION 7 DAYS BEFORE YOUR CHOSEN WEEK(S)**

**Choose which week your child will be attending. (Check one)**

\_\_\_\_\_ June 10 - 14th

\_\_\_\_\_ June 24th - 28th

\_\_\_\_\_ July 8th - 12th

**Please circle how you heard about the Gulf Specimen's Aquatic Adventures Summer Camp.**

Facebook\_\_\_\_\_ Website\_\_\_\_\_ School\_\_\_\_\_ Word of Mouth\_\_\_\_\_ Flyer\_\_\_\_\_ Other\_\_\_\_\_

**T-Shirt Size**

Youth: S M L XL    Adult: S M L XL (circle one)

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the **Gulf Specimen Aquatic Adventures Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. 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 that all photos are the property of Gulf Specimen Aquatic Adventures Summer Camp and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release**

I hereby give permission for the transportation of my child for official **Gulf Specimen Marine Lab Aquatic Adventures Summer Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

The Gulf Specimen Marine Lab is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that summer camp fees are non-refundable. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_