Greetings,

Welcome to the 2018 Loggerhead Marinelife Center Junior Marine Biologist Summer Camp Program!

Please sign and return the following forms on the first day of camp. Do not fax or mail in before hand, as they will only be accepted on the first day of camp. Campers will not be permitted to stay in camp until these forms are completed.

We hope every camper has a safe and enjoyable experience this summer. To ensure this, the Center has certain rules to prevent injury to your child/ren while they are with us as outlined in the “Summer Camp Agreement.” We are confident that each participant will have an educational and fulfilling experience; however, we reserve the right to send home any camper who does not follow the rules outlined in the “Summer Camp Agreement.”

Drop-off
Sign-in starts at 8:30 am on our back deck. Please park in Loggerhead Park behind the center and enter through back gate. Do not park in the staff lot or in front of the center. For safety reasons, YOU MUST SIGN YOUR CAMPER/S IN & OUT EACH DAY. Parents must sign in/out campers, even if the camper is old enough to drive themselves.

Pick-up
All campers need to be picked up at 4:00 pm, unless you have registered for post care. A 15 minute grace period will be given, but a post care fee will apply for the day upon later pick-up. Post care ends at 5:00, at which time all staff will be leaving. You must pick up your camper/s from post care no later than 5:00 pm. For the safety of your child/ren, campers will only be allowed to leave with those persons you have authorized for pick-up on your registration form. Photo ID will be required at sign-out.

Lunch, Snacks & Water
Campers are responsible for their own lunches and snacks. There is no refrigeration available so please pack accordingly. Campers are reminded to drink plenty of water during the day so they do not become dehydrated! PLEASE REMEMBER TO PACK A REUSABLE WATER BOTTLE. Water fountains will be visited frequently on campus for refills. Be aware that while there is the Tortuga Café on campus, this will not be a resource available to campers during camp hours.
To Wear / Bring

The following is a list of things campers should wear and/or bring in a backpack each day:

- Camp T-shirt is REQUIRED each day! Extra shirts are available for $10 each and are available for purchase in the event that the camp shirt is forgotten at home. Campers will NOT be allowed to stay in camp if camp shirt is not on at drop-off. This includes our field trip days.
- Reusable Water Bottle
- Sturdy shoes for hiking/walking as well as a pair of flip flops or sandals to change into
- Comfortable shorts/pants that are lightweight and dry quickly
- Shorts must reach mid-thigh in length (NO SHORT SHORTS, please)
- Sunglasses
- Hat
- Any required medication (see medical forms & release)
- Lunch, drinks, snacks
- Backpack labeled with student’s name*
- Swimsuit
- Sunscreen**
- Towel
- OPTIONAL – camera*

*Make sure your camper’s name or initials are on everything they bring. We will take all precautions to ensure campers’ belongings are kept safe; however, we are not responsible for items being lost or stolen.

**Sunscreen application is required prior to any beach time or prolonged outdoor activity. We suggest using Stream2Sea marine life-safe, biodegradable sunscreen for your campers and for the environment. Stream2Sea sunscreen can be purchased all summer in our Gift Store upon pick-up.

Electronic devices such as: cell phones, video games, i-pods, mp3 players, etc… are not permitted at camp. If any of these items are brought to camp they will be confiscated by the counselors and returned to the parents/guardians at the end of the day. If you need to contact your child during camp hours please call the Center.

If you have any questions or concerns, please do not hesitate to contact Prestyn McCord, School Programs Coordinator, at (561) 627-8280, ext. 126, pmccord@marinelife.org.

We are looking forward to a fun and exciting summer with your camper!
Summer Camp Medical Form

Child’s Name: ______________________________

Medical/Health Conditions and Activity Limitations/Restrictions

List past medical treatments/hospitalizations: ____________________________________________ □ N/A

List Current Conditions (physical, mental, psychological):
__________________________________________________________ □ N/A

List allergies or dietary restrictions: ______________________________________________ □ N/A

List dates of last immunizations: Tetanus __________________

List of current prescribed and over-the-counter medications: ____________________________ □ N/A

List activity limitations because of health: ____________________________________________ □ N/A

Participant’s swimming skill level (Check only one):

☐ Skill A - Non Swimmer
   Beach – The child will be restricted to the shoreline only

☐ Skill B - Limited Ability
   Beach – The child will be allowed to enter at a knee deep level of the water

☐ Skill C - Swimmer
   Beach – The child will be allowed to swim in waist level water

My child is allowed to receive the following (please check all that apply):

☐ Sunscreen     ☐ Bug Spray     ☐ White Vinegar (jellyfish & sea lice stings)
Statement of Release (for publications)

I hereby grant Loggerhead Marinelife Center permission to take and/or use photographs and/or statements of my child(ren) and me for promotional purposes, i.e. brochures, fliers, presentations, etc. In connection therewith, I release and hold Loggerhead Marinelife Center and their agents, servants or employees harmless from any and all claims and causes of action for circumstances resulting from use of any photograph and/or statements.

☐ Yes    ☐ No

Signature of Parent/Guardian: ___________________________ Date: __________

Please tell us how you heard about our camp program:
_______________________________________________________________________________________________________________

Medical Transportation Statement

I, participant, parent or legal guardian of participant, authorize the transportation of participant for medical treatment. I further understand that I shall be responsible for any and all costs associated with the transportation of participant. Finally, I authorize medical treatment for the participant, at my cost, if the need arises.

Release and Indemnity Agreement

In consideration of the acceptance of my participation and/or the participation of my child or ward in all summer camp activities sponsored by Loggerhead Marinelife Center, and with the understanding that such activities have inherent risks, hazards and dangers for anyone, I agree to assume the risks incident to such participation and, on my own behalf, and on behalf of my child or ward, and on behalf of my child’s or ward’s heirs, executors and administrators, release and forever discharge Loggerhead Marinelife Center and its agents, designees, employees, officers, and officials, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such camp activities and further agree to indemnify and hold the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney’s fees and disbursements. I understand this release and indemnity agreement includes any claims based on the negligence, actions or inaction of Loggerhead Marinelife Center, Inc. and its agents, designees, employees, officers, and officials, and covers death, bodily injury and property damage, whether suffered by me, my child or ward before, during, or after such participation.

Signature of Parent/Guardian: ___________________________ Date: __________
Summer Camp Agreement

The Loggerhead Marinelife Center (LMC) hopes every student has a safe and enjoyable experience during the camp program. To ensure this, the LMC has certain rules to prevent injury to your child while they are here. We are confident that each participant will have an educational and fulfilling experience; however, we take no responsibility for students who do not follow these rules. Be aware that any student, who disobeys these rules, whether or not injury occurs, will be asked not to return to the program.

If a student becomes ill during camp, they should respect other students by staying home and getting well before returning.

Please read the following release and promise. You and your student must sign below to show you understand and agree to this release and promise in order to attend this program.

I acknowledge that the camp at LMC is an outdoor program in which I participate at my own risk. I acknowledge that I may be walking the beach and working outside in the hot sun. I understand I can talk confidentially to one of my counselors if I have a problem of any kind.

Program Rules:

- To follow directions:
  - Follow rules of the game
  - Follow directions given by any staff member
- To respect yourself, staff, others and their belongings:
  - Keep hands and feet to yourself
  - Do not touch other people's belongings
  - Refrain from name calling
- To only do what you are allowed and instructed to do.
- To abide by the dress code set forth by the facility.
- Participate in activities:
  - Become actively involved in the game or activity
  - Be willing to assist with set-up & clean up
- Use appropriate language; refrain from inappropriate language and comments designed to hurt feelings or cause conflict.
- Stay with your designated group and do not leave the supervised area unless given permission to do so.
- Ask to use phones only in the event of an emergency.
- Be responsible for your own property.
- To respect the sea turtles under your care.
- To avoid injury by following the rules of animal protocol that you will be taught.
- To follow LMC policies and the rules of the State of Florida when it comes to dealing with endangered wildlife.
- No electronic devices (cell phones, video games, i-pods, mp3 players, etc.) are allowed at camp.

I want to be here and I feel what I am doing will make a difference! I understand that if I do not follow these rules, there will be consequences for my actions.

Camper signature: ____________________________ Date: __________

Signature of parent / legal guardian: __________________________ Date: __________
Progressive Discipline System

Time-out/Cool down
- The participant will receive a warning prior to being placed in time-out.
- Time-out will be followed with discussion between the Senior Counselor and the participant. Discussion will include behavior, reason, consequences, etc.

Verbal Notification to Parents
- If participant is placed in time-out/cool down twice in one day, the parent will receive verbal notification.

Written Warning
- If the participant is placed in time-out three times in one day, the parents and the Coordinator/designee will have a discussion about the behavior, reasons, consequences, etc. This will be documented in writing and given to the parents. Depending on the severity of the behavior, parents may be notified in writing the first occurrence of the behavior.

Suspension
- Depending on the severity of the behavior, the participant will be suspended and upon return, a Behavior Contract will be developed.

Behavior Contract
- An outline of expectations and consequences for failure to follow rules. Both the camper and the parents will sign the terms and conditions of the Behavior Contract.

Expulsion
- Participant gives away the right to participate in Loggerhead Marinelife Center sponsored programs for the remainder of the Summer Camp Program. No refunds will be given in the event of suspension or expulsion.

Zero Tolerance Policy:
The following actions will result in an immediate consequence which may include suspension or expulsion from camp:
- Possession of illegal drugs, alcohol, tobacco, or firearms or any generally recognized weapon
- Possession of fireworks or explosives of flammable material to include, but not limited to firecrackers, rockets, sparklers, party poppers, etc.
- Behaviors or comments suggesting discrimination or comments of a sexual nature
- Fighting, making threats, stealing, inappropriate language
Procedures for the Distribution of Medications

Please check if applicable:  □ My child will **NOT** need to take medication during camp hours

It is the policy of the Loggerhead Marinelife Center to safely and effectively distribute prescription medications to those participants who medically require such actions during program hours. The following form must be completed if your child will be taking medications during camp hours at Loggerhead Marinelife Center.

**Packaging of Medication:**
- Parents will be responsible for packaging each dosage separately each day.
- Each dosage must be clearly labeled with the participant’s name, the name of the medication, the dosage amount, time of day the medication is to be taken, and any special considerations.
- Medication will be kept with the child. We will not store medication. Refrigeration is not available.

**Distribution of Medications:**
- Distribution of medications will be overseen by one staff member. The staff member will serve as a witness.
- The distribution process will be recorded on the medication documentation form by staff at the time of distribution. The staff member will sign the form.

*If you have any questions about distribution of medications to your child, please call: 561-627-8280, ext. 119.*

Authorization for the Distribution of Medications by Loggerhead Marinelife Center Employees

Permission is hereby granted for ________________ to receive medications distributed by Loggerhead Marinelife Center staff in accordance with information and prepackaged dosage provided by __________________________ (Parent/Guardian).

Medication: __________________________ Dosage: __________ Time Taken: _______ Staff: __________
Medication: __________________________ Dosage: __________ Time Taken: _______ Staff: __________

Termination of Medication Distribution by Loggerhead Marinelife Center Employees

Please be advised that as of ________________, 2018 my child, __________________________ is no longer required to take prescribed medications. Please terminate medication distribution.

Print Parent/Guardian Name __________________________ Phone Number: __________
*Signature ______________________________________ Date: __________
______________________________ (Parent/Guardian)
Signature of Witness: __________________________________________