



**Stella's Jr. Aquanauts
ECO CAMP
Registration**

CAMP SELECTION

Please select camp for which you are registering your child. *Please remember to submit payment accompanying your application.

 WEEK 1: May 29-31, 2024

Full Name of Parent/Legal Custodian/Guardian:

Address: _____ City: _____ State: _____ Zip: _____

Day Time Phone: _____ Cell Phone: _____

Email: _____

Full Name of Camper(s): _____ Preferred Name: _____

Gender: _____ Age: _____

Does your child swim? Yes No Strong Average

Does your child have any special needs: Yes No If yes, please explain below: _____

Does you or your child have a paddle board you want to use for camp Yes No

T-shirt Size:

 Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

 Adult Small Adult Medium Adult Large

 Adult XL

Emergency Information

Name of Camper: _____ Age: _____

Parent/Guardian: _____ Cell Phone: _____

If you are unavailable, whom should we contact in the event of an emergency?

Emergency Contact: _____ Relationship: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Name of Physician: _____ Physician Phone: _____

Allergy/Sensitivity (to food, medicine, bee stings, etc) _____ EpiPen? _____

Anxieties, nervous habits, fears: _____

Behavioral/learning challenges: _____

MEDICAL HISTORY

My child has/had (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Epilepsy, convulsions, dizziness | <input type="checkbox"/> Allergy to medicine/food |
| <input type="checkbox"/> Disease of heart/blood vessels | <input type="checkbox"/> Hospitalization/surgery |
| <input type="checkbox"/> Increased blood pressure | <input type="checkbox"/> Depression/anxiety |
| <input type="checkbox"/> Lung disease, asthma, persistent cough | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Skin diseases | <input type="checkbox"/> Hay fever/allergies |
| <input type="checkbox"/> Impaired sight or hearing | <input type="checkbox"/> Other: _____ |

Please explain all items marked or any other conditions or medications of which we should be aware:

YES, Camp staff has my permission to treat any minor wounds or insect bites that my child gets with over-the-counter anti-bacterial or anti-itch ointments.

Parent/Guardian Signature: _____ Date: _____

Drop-Off and Pick-Up Information and Permission List

- A parent/guardian must sign campers in and out each day of camp.
- Drop-off and sign-in no more than 15 minutes before the start of camp.
- Please pick up on time at the end of each camp day.
- We do not want to enforce a late pick-up fee, If you anticipate arriving late for pick-up, please call to let Camp Staff know (321-403-7646).
- Children will only be permitted to leave camp with individuals on your “Pick-up Permission List” (form attached).
- All individuals picking up a child MUST show identification, sign campers out and make sure that assigned staff is notified that camper is leaving the premises.

Please list the people who have permission to pick up your child if you are unable to do so. Ensure that these individuals understand they will be required to show identification. Your child will be released to any of these individuals who present the proper identification whether or not you have notified camp staff in advance because you have granted us permission to do so. Camp staff will absolutely NOT release your child to any person who is not listed on this form, other than the parent/guardian listed on the first page of this application.

Pick-Up Permission List

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Photo Release

I hereby permit Stella Maris Environmental Research and/or Sebastian Inlet State Park to photo-document my child's summer camp activities. I give permission for photographs of my child to be used in articles, promotional fliers, advertisements and web-based media. If no please indicate.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Agreement

- I have received a copy of the Summer Camp Parent/Guardian rules and regulations and hereby agree to comply with the rules listed.
- I agree that Stella Maris Environmental Research has the right to withdraw my child(ren) from camp at any time if these rules and regulations, which are designed for the safety and well-being of all campers, are not followed.
- I agree to pick up my child on time to be considerate of everyone's time.

Camper's Name (print): _____

- Parent/Guardian Signature: _____



Stella's Jr. Aquanauts Eco Camp 2024 Safety & Behavior Protocols

Parents/Guardians,

Please review our safety and behavior expectations with your camper. If you have any concerns, please let us know and we can work through them together. Safety is our primary concern. We are looking forward to a safe and very exciting year for camp!

Mission:

Reaching young people and connecting them to their natural resources through offering a summer camp focused on environmental education and hands on experience. Stella's Jr. Aquanauts Eco Camp incorporates marine biology, art, oceanography, ecology, technology, and community involvement.

Requirements:

- All registration forms
- Camper health conditions/care information
- Permission to provide care
- Emergency contacts
- Waivers signed
- Photographic release
- Child must be signed in/out by described guardian
- All forms must be submitted prior to participation

Aquatic requirements/expectations:

- Parents must be on location and accompanying child if under 5yrs old.
- Wear life jackets approved by US Coast Guard while performing activities with this requirement.
- Buddy system must be in place while at camp and activity is performed.
- No diving or unattended swimming in any body of water.
- Attention must be given to all safety regulations, recovery and emergency procedure trainings.
- Parents are given detailed itinerary of daily destinations, including arrival and departure times, weather and emergency options and staff contact numbers.
- All vehicles must be boarded and departed safely from designated areas as discussed and seat belt requirements must be respected.
- Parents will be notified if campers will be delayed more than 15 minutes.
- All attendees will be verified before any departure/arrival.

Severe weather procedures:

- Any indication of lightning will initiate cancellation of water activities and campers will be moved to safe shelter until a considerable amount of time and weather forecasting deems lightning has ended.
- Tornado warnings/watch campers will be removed from any water activity and brought to a place of shelter, the lowest most interior part of the building away from windows, doors, or any dangerous zone. Clearance from the National Weather Service will permit activities.

Accidental Injury, illness or incident:

- Staff will immediately call 911 and assist with the situation as to the best of their ability.
- Parents will be notified immediately.
- All expenses incurred as a result of a camper requiring medical attention are the sole responsibility of the parent/natural/legal guardian.
- Minor illnesses not requiring 911 will be cared for by staff with basic first aid and parents will be notified as soon as possible.
- Any minor illness that requires camper to be picked up due to not being able to complete the remainder of the activity will require parent/legal/natural guardian to pick them up or make such arrangements.
- **No child will be permitted to participate if they have what is considered an elevated temperature (fever), in consideration of Covid-19 pandemic.**

Behavioral expectations:

- Staff is expected to use positive behavior management to provide a safe physical and emotional experience.
- Campers should show compliance with activities and treat everyone with respect and dignity.
- Verbal threats, abusive language, destructive or disruptive behavior will not be permitted.
- Unsafe activities will not be permitted.
- Inappropriate behavior will result in the following consequences:
 - 1st incident: verbal redirection
 - 2nd incident: 1 day suspension from camp
 - 3rd incident: expulsion from summer camp

Nearest Hospitals:

Sebastian River Medical Center
13695 US-1 Sebastian, FL 32958
(772) 589-3186

Holmes Regional Medical Center
1350 Hickory St, Melbourne, FL 32901
(321) 434-7000



**Permission to Participate In Stella
Maris Educational Services**

**NOTICE TO THE MINOR CHILD'S PARENT OR
GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF STELLA MARIS ENVIRONMENTAL RESEARCH, ITS DEPARTMENTS, EMPLOYEES, OFFICIALS, COACHES, CONTRACTORS, VOLUNTEERS, SPECIALISTS, AND AGENTS (HEREINAFTER REFERRED TO AS "RELEASED PARTIES") USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ANY OR ALL OF THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent sign here: _____

PERMISSION TO PARTICIPATE IN PROGRAMS

PARTICIPANTS RELEASE AND WAIVER OF LIABILITY AGREEMENT

Read Completely and Carefully Before Signing

I, the undersigned, as the parent or legal guardian of the minor child ("my child") named below, do hereby give my full consent and approval for my child to participate in Stella Maris Educational Services ("Youth Programs").

I understand that there are certain risks of damages and injuries, including death, inherent in Youth Programs, as well as in any transportation in County owned or non-owned vehicles that may be part of the program and in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of myself and my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

Further, I understand that there is inherent risk in Youth Programs and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity and which are not eliminated even if the activity provider acts with due care and includes failure by the activity coordinator to warn me or my child of an inherent risk or the risk that the participant or another participant in the activity may act in a negligent or intentional manner and contribute to the injury or death of my minor child.

I understand that Youth Programs may actually be organized, directed and presented by an individual(s) performing those duties as an independent contractor or specialist using County and town property.

I hereby give permission for my child to receive necessary medical treatment.

Further, I agree that in consideration for my child's participation in the Youth Programs that I shall hold harmless and fully indemnify and defend Stella Maris Environmental Research, its departments, employees, officials, coaches, volunteers, contractors, specialists, and agents (Released Parties) from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties. I hereby waive, release, discharge and agree not to sue the Released Parties for any and all causes of actions, claims or damages arising out of or resulting from my child's participation in the Youth Activities, including but not limited to damages, injuries, or death arising out of risks that are a natural part of these activities. I agree that in consideration for my child being permitted to participate in the activity, I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my child's participation in this activity.

I expressly agree the Release and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the laws of Florida and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, and that I understand each of the provisions in this agreement and that I agree to abide by them.

Please print

PROGRAM of service: _____

Name of Minor Child (Under age 18)

Participants DOB

Name of Parent / Guardian

Address

City

State

ZIP

Signed: _____

Date: _____

Phone #: _____

Parent / Guardian

Signed: _____

Print Name: _____

Receiving Representative