



OCEANFIRST

INSTITUTE

Ocean First Institute Summer Camp Registration Form

Summer Camp Selection

Select the camp(s) you would like to sign up for:

- 6/10-6/14: (9 AM-12 PM) Girls in Ocean Science 6/10-6/14: (1 PM-4 PM) Ocean Research & Technology
 7/8-7/12: (9 AM-12 PM) Ocean Science 7/8-7/12: (1 PM-4 PM) Marine Conservation

Camp Member Information

Name of club member (Last, First) _____

Current grade level (Please check one) 3rd 4th 5th 6th 7th 8th

Birth date _____

Name of school _____

E-mail _____

List any health condition/allergy/disability:

Gender _____

Race or Origin (Check all that apply) (*This is optional – for government and grant reporting only*):

- White Asian Black Hawaiian/Pacific Islander American Indian/Alaska Native
 Hispanic/Latino/Spanish origin Other race or origin (*please specify*): _____

Where did you hear about us?

- A friend or colleague Community event Google Social media Advertisement
 Other (*please explain*): _____

Other information

Any other special needs, requirements or directions that would be helpful for leaders to know about:

Parent/Guardian Information

Name (Last, First) _____

Phone number (Home, Cell and/or Work) _____

Address _____

City _____ State, Zip code _____

E-mail _____

Occupation (*optional*) _____

Summer Camp Fee Information

Girls in Ocean Science (6/10/19-6/14/19, 9 AM-12 PM): \$225

Ocean Research & Technology (6/10/19-6/14/19, 1 PM-4 PM): \$225

Ocean Science (7/8/19-7/12/19, 9 AM-12 PM): \$225

Marine Conservation (7/8/19-7/12/19, 1 PM-4 PM): \$225

Book 1 weekly summer camp session (AM or PM) for \$225, or 2 sessions for \$395

We accept check (make checks payable to Ocean First Institute) or credit card (contact us to make payments).

Waiver and Release of Liability

Ocean First Institute reserves the right to dismiss any participant that staff believe, in their discretion, presents a safety, behavioral or other concern.

I agree to indemnify the Ocean First Institute, and its staff and volunteers, for any costs or liabilities which they may incur as a result of my child's participation in the Ocean First Institute Summer Camp.

I waive any liabilities that the Ocean First Institute, and its staff and volunteers, may have to me or my child as a result of any injury to my child because of my child's participation in the Ocean First Institute Summer Camp.

As the legal parent/guardian of this student, I authorize Ocean First Institute to obtain emergency medical attention, and I release Ocean First Institute from responsibility in connection with such emergency medical attention.

Photo Release: Participants in Ocean First Institute Summer Camp are sometimes photographed and videotaped for use in promotional and education materials. I understand that, if I provide consent herein, such audio, video, film and/or print images of Participant student may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. I authorize the Ocean First Institute to record and photograph Participant student's image for research, educational and promotional purposes.

_____/_____
Signature of Parent/Guardian Date

Please return this completed form to Ocean First Divers at 3015 Bluff St., Boulder, CO 80301 or email to Lauren@oceanfirstinstitute.org. Thank you.