



# OCEANFIRST INSTITUTE

## Ocean First Institute Virtual Summer Camp Registration Form

### Summer Camp Selection

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

- 6/8-6/12: (9 AM-12 PM) Girls in Ocean Sci. (3<sup>rd</sup>-5<sup>th</sup>)
- 6/22-6/26: (9 AM-12 PM) Ocean Science (3<sup>rd</sup>-5<sup>th</sup>)
- 7/6-7/10: (9 AM-12 PM) Girls in Ocean Sci. (3<sup>rd</sup>-5<sup>th</sup>)
- 7/13-7/17: (9 AM-12 PM) Marine Conservation
- 7/27-7/31: (9 AM-12 PM) Marine Conservation
- 8/3-8/7: (12:30-3:30 PM) Girls in Ocean Sci. (6<sup>th</sup>-8<sup>th</sup>)
- 6/15-6/19: (12:30-3:30 PM) Marine Conservation
- 6/22-6/26: (12:30-3:30 PM) Ocean Science (6<sup>th</sup>-8<sup>th</sup>)
- 7/6-7/10: (12:30-3:30 PM) Girls in Ocean Sci. (6<sup>th</sup>-8<sup>th</sup>)
- 7/20-7/24: (9 AM-12 PM) Ocean Science (3<sup>rd</sup>-5<sup>th</sup>)
- 8/3-8/7: (9 AM-12 PM) Girls in Ocean Sci. (3<sup>rd</sup>-5<sup>th</sup>)

### Camp Member Information

Name of club member (First, Last) \_\_\_\_\_

Grade level entering in Fall of 2020 (Please check one)     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>

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 (First, Last) \_\_\_\_\_

Phone number (Home, Cell and/or Work) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State, Zip code \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation (*optional*) \_\_\_\_\_

## Summer Camp Fee Information

Girls in Ocean Sci. (6/8/20-6/12/20, 7/6/20-7/10/20 AM, 7/6/20-7/10/20 PM, or 8/3/20-8/7/20): \$125

Ocean Science (6/22/20-6/26/20 AM, 6/22/20-6/26/20 PM, or 7/20/20-7/24/20): \$125

Marine Conservation (6/15/20-6/19/20, 7/13/20-7/17/20, or 7/27/20-7/31/20): \$125

Book 1 weekly summer camp session (AM or PM) for \$125, or 2 sessions for \$225

Once we receive your registration form, we will contact you regarding payments - we accept check (make checks payable to Ocean First Institute) or credit card (we can provide a link to pay online)

## 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 by email to [Lauren@oceanfirstinstitute.org](mailto:Lauren@oceanfirstinstitute.org). Thank you.