

## REGISTRATION FORM (please print)

Child's Full Name: \_\_\_\_\_ Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Age of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Grade (2011-2012): \_\_\_\_\_

Parent/Guardian's Place of Employment & Address: \_\_\_\_\_

### Please provide emergency contact names and phone numbers.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Camp Sessions:

Please indicate 1st, 2nd, 3rd choices

\_\_\_\_ June 4–8\*      \_\_\_\_ June 18–22      \_\_\_\_ July 9–13  
 \_\_\_\_ June 11–15      \_\_\_\_ June 25–29      \_\_\_\_ July 16–20\*

\*Ages 12-13 NOT available June 4–8 and July 16-20

**Times:** 8:30 a.m. until 3:30 p.m.

#### Cost per week:

Includes Sea Camp t-shirt, individual and group photographs, all instructional costs/materials, field trip transportation, admission fees and art supplies.

6-7 year-olds: \$210      8-11 year-olds: \$235      12-13 year-olds: \$275

A \$50 NON-REFUNDABLE pre-registration deposit is required. The deposit will be applied toward total due. Registration balances are due no later than May 11th.

**T-shirt size:** Child's S, M, L  
 Adult: S, M, L, XL

Please sign and return with check payable to Gulf Coast Research Laboratory at the following address:

### GULF COAST RESEARCH LABORATORY MARINE EDUCATION CENTER

Attn: Sea Camp 2012  
 Gulf Coast Research Laboratory  
 703 East Beach Drive • Ocean Springs, MS 39564

## SEA CAMP RULES

- Follow directions
  - Be courteous to others
  - Respect the property and safety of others
  - Wear shoes with closed-toes
  - DO NOT swim
  - DO NOT feed birds or fish
  - DO NOT run, eat or drink in buildings
  - DO NOT litter
- All campers are expected to obey ALL Sea Camp rules.*

## FIELD TRIP PERMISSION

*This permission form is for children, ages 6-13, attending the full-day Sea Camp 2012 Summer Program. Please read, check-mark your approval, sign and date the form.*

### Monday–Thursday (ALL AGES)

The R/V *Sea Explorer*, the Marine Education Center's (MEC) pontoon boat, will be used exploring the bayou, bird watching, crabbing and fishing on the way to Deer Island for seining, sieving and beachcombing.

### Wednesday (AGES 12-13 ONLY)

Sea Campers will tour the Pascagoula River and will visit the Gulf Islands National Seashore (Ocean Springs) aboard the MEC bus for habitat interpretation and nature walks. Students will also kayak in waters immediately adjacent to GCRL.

### Thursday (AGES 8-13 ONLY)

Sea Campers will travel to Gulfport via FIRST STUDENT/MEC BUS. Students will board the Ship Island Excursions vessel to Ship Island for seining, sieving, exploring the island and other activities.

# Required Parental Authorizations

Please complete each section and then sign and date the form.

## DELIVER AND RECEIVE

The following people may deliver and receive my child: (please print child's name) \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PHOTOGRAPHY PERMISSION

My child may be photographed or videotaped during Sea Camp for educational, promotional or other non-commercial purposes. YES \_\_\_ NO \_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY INFORMATION

The Marine Education Center has permission to obtain emergency medical treatment for my child. YES \_\_\_ NO \_\_\_

Is it permissible to give your child Children's Tylenol if needed YES \_\_\_ NO \_\_\_

## MEDICAL INFORMATION

Does your child have any medical conditions about which we should be aware? (allergies, asthma, routine medications, etc.) If so please explain below:

---

---

## DOCUMENTATION OF SPECIAL NEEDS AND/OR CRITICAL INFORMATION

Does your child have any special needs, limitations or restrictions from activities or other events of which we need to be aware? (e.g. physically, visually, hearing impaired, social, or religious) If so, please list these needs below.

---

---

## PARENT'S CERTIFICATION FOR PARTICIPATION

Note: required for ALL students. Registration will be VOIDED without signature.

This is to certify that as the parent or legal guardian of the above-indicated student, I give my permission for his/her participation in the 2012 Sea Camp. I further certify that I release from any and every liability, claim, right of action of any kind or nature which my child or legal representative may have for any and all bodily or personal injuries or properly damages resulting there from which might occur during participation in this program.

Parent/Legal Guardian's Name (Print) \_\_\_\_\_

Parent/ Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For office use only*

Received By: \_\_\_\_\_

Amount: \_\_\_\_\_

Payment Type: CC CK Cash