



## Sea Adventures Marine Camp 2018

Dear Parent:

Thank you for supporting Cornell Cooperative Extension's Marine Program! I look forward to meeting you and your child at the **2018 Sea Adventures Marine Camp**.

Please complete the enclosed forms for each child and send them to us **no later than *two weeks* before your child's first day of camp**. Please be as specific as possible when completing the forms so that we can provide your child with all of the specialized attention he/she needs. ***Your child will not be able to attend camp without an immunization record*** and we will **ONLY** accept immunization records faxed or mailed directly from a doctor's office.

**You will need to send in a new IMMUNIZATION RECORD even if your child attended Sea Adventures Marine Camp last summer (2017 season) along with all the other forms: GENERAL CAMPER INFORMATION, MEDICAL INFORMATION, ACKNOWLEDGEMENT OF RISK, and PHOTO CONSENT FORMS.**

**Outdoor Activities** Each day there will be some type of outdoor activity (weather permitting). Your child **must** bring water shoes (e.g., aqua socks or sandals that strap on; NOT flip flops, crocs or strapless sandals that tend to fall off), a bathing suit, and a towel every day to participate in water activities.

**\*Please note: if Cedar Beach is closed due to water-quality issues, campers will not be allowed in the water until the beach is re-opened by the Suffolk County Department of Health.**

Changing rooms are available, however your child may wear his/her swimsuit to camp if desired. A waterproof sunscreen should be applied daily **before coming to camp**. We suggest that your child bring additional sunscreen to reapply throughout the day. A hat is also strongly recommended. Green flies, mosquitoes, and ticks are sometimes found on the Cedar Beach property; please check your children for ticks every day after camp. Please provide your child with insect repellent and/or apply a sunscreen/insect repellent combination. In the case of possible rain or cool weather, please dress your child appropriately.

**Meals:** You must pack a **snack and lunch**, including a drink, every day in an insulated lunchbox/bag with an ice pack. Please **do not** send drinks in glass containers. Although a water cooler is available on site, please make sure that your child has a **water bottle**. We recommend that children have a small backpack to carry towels, water bottles, etc.

**\*Children are not permitted to share any food while at camp due to possible food allergies.**

**Family participation:** Camp starts at **9AM** and ends at **2PM** each day. Please arrive on time for the beginning and end of each camp day. You may drop children off between 8:55 and 9AM but not earlier. **You or another adult must escort your child into and out of the building each day. Children are not permitted to meet you in the parking lot.**

### Daily checklist:

- Lunch
- Snack
- Filled Water bottle
- Bathing suit (put on BEFORE camp under clothes)
- Water shoes (Teva- type with straps, flip flops are hard to run in!)
- Towel/Sunscreen
- Hat
- Insect repellent
- Sun Block (applied before you arrive...spray is best).

Each child will be provided with a camp T-shirt. Additional shirts may be purchased for \$10 each. We also have hats and backpacks available.

Our staff's goal is to help your child have a safe and enjoyable summer experience. We appreciate your input at any time. You can reach us at **(631) 852-8660**.

Sincerely yours,

Christine Tordahl  
Camp Director of Sea Adventures Marine Camp  
(631) 852-8660 ext: 39

**\*\*NEW AND RETURNING CAMPERS: PLEASE MAIL/FAX NO LATER  
THAN 2 WEEKS PRIOR TO 1st DAY OF CAMP\*\*  
3690 Cedar Beach Rd. Southold NY 11971 or (f) (631) 852-8662**

**Sea Adventures Marine Camp  
General camper information**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ My Child attended Sea Adventures Marine Camp in 2017 yes no

**YOUR CHILD MUST BE AT LEAST 6 YEARS OLD BY THEIR FIRST DAY OF CAMP. FIVE YEAR-OLDS WILL NOT BE ALLOWED TO ATTEND, EVEN IF THEY ARE IN GRADE 1.**

Male  Female

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Mother: work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Father: work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Your child is registered in session \_\_\_\_\_.

Swimmer?  Yes  No We are not a swimming camp, but your child will get wet!

In the event of an emergency, whom should we call if we can't reach you?

Name : \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Will you be carpooling?  Yes  No Carpooling parent's name: \_\_\_\_\_

Is there anyone who is **not authorized** to pick up your child? \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, hereby give consent that my child may participate in the activities at Cornell Cooperative Extension at the Suffolk County Marine Environmental Learning Center. I hereby give permission to Cornell Cooperative Extension to give consent on my behalf in the event of the need for emergency administration of medical treatment which Cornell Cooperative Extension, in its discretion, believes to be necessary, and I agree to hold Cornell Cooperative Extension harmless and without fault with respect to exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medication and medical limitations on activities) which would be necessary for the proper care of my child. I agree to pay for all medical and dental expenses incurred in the treatment of my child, and I am billable at the address on this form.

Insurance carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Exp. date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

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**3690 Cedar Beach Rd. Southold NY 11971 or (f) (631) 852-8662**



**Sea Adventures Marine Camp  
Medical information**



Child's name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
Pediatrician's name Phone Fax

*Dear Parent and Physician: The Suffolk County Department of Health requires us to have immunization records (with a doctor's signature or stamp) available for inspection. The only exceptions are those children with valid religious or medical exemption. We apologize for any inconvenience this may cause. Please fill out this form and attach a **current** record of your child's immunizations. **A doctor's signature or stamp is required on the immunization record. Please mail or fax prior to the first day of camp.***

**\*\*Your child will not be allowed to attend camp without these records. Please note that we will ONLY accept immunization records faxed or mailed directly from a doctor's office. \*\***

MMR (measles, mumps, rubella)	2
DPT (diphtheria, pertussis, tetanus)	2
Polio	3
Hepatitis B	3

**You will need to send in a new IMMUNIZATION RECORD even if your child attended Sea Adventures Marine Camp last summer (2016 season) along with all the other forms.**

**Other immunizations: Haemophilus influenza Type B and varicella (chicken pox).** These are recent requirements by the Suffolk County Health Department. Please include records if your child is immunized. If your child is not immunized against one of these and an outbreak occurs, the Health Department will determine if your child may attend camp.

Will your child need to take any medication during camp hours?  Yes  No  
If yes, please list the medication(s). **Please note: Sea Adventures Marine Camp staff may not dispense or administer medication(s). Medications must be in their original, labeled containers.**

**\*\*\*It is recommended that your child carry FDA approved topical sunscreen (we recommend spray sunscreen, possibly with bug repellent added). Does our staff have permission to assist your child in reapplying sunscreen throughout the day?  Yes  No**  
**In the case that your child runs out of sunscreen and/or bug repellent, does our staff have permission to assist in the application of camp provided FDA approved topical sunscreen and/or bug repellent?  Yes  No**

Please list **any conditions** such as diabetes, asthma, learning disabilities, ADD, hyperactivity, etc. \_\_\_\_\_

Does your child have any allergies?  Yes  No

If yes, please list the allergy(ies): \_\_\_\_\_

Does your child require a special diet?  Yes  No If yes, please specify: \_\_\_\_\_

Parent/Guardian signature

Date



**(THIS FORM MUST BE COMPLETED TO PARTICIPATE)**  
**ACKNOWLEDGEMENT OF RISK FORM**

I warrant that I am the legal parent/guardian of the child indicated below and hereby apply for my child to participate in the activity or activities indicated below to be conducted by Cornell Cooperative Extension Association of Suffolk County and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities and my child's participation in said activity and use of any equipment related to such activities may result in their injury, illness or death and/or damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health and is at or above the minimum age of **6 years** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

**ACTIVITIES: Marine crafts, games on the beach, hiking on nature trails or the beach, exposure to poison ivy, marine animals, and ticks possible, any associated activities within the Suffolk County Marine Environmental Learning Center and on surrounding property of Cedar Beach, dock scraping, seining, fishing, crabbing, touching live animals, participating in activities near the water, docks, classroom, and playground areas. All Beach and wading activities at Sea Adventures Marine Camp. I understand and agree that if I, or someone on my behalf, drop-off and/or pick-up my child or children at the Suffolk County Marine Environmental Learning Center, that I will remain responsible for the kids until such time as they are checked in/checked out by CCE staff.**

DATE(S): 1/1/18 – 12/31/18

I HAVE READ THE ABOVE AND BY SIGNING BELOW I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND FULLY ACCEPT THE RISKS INVOLVED AND RELEASE EXTENSION, ITS EMPLOYEES AND AGENTS FROM ANY LIABILITY.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the Suffolk County.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

PARTICIPANT'S NAME (print) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



Cornell University  
Cooperative Extension

## Publicity Release:

***Circle one of the Underlined Statements below:***

I, the undersigned, hereby

**A. Do consent and authorize**    **OR**     **B. Do not consent and authorize**

The Use or Reproduction, by Cornell Cooperative Extension of Suffolk County, of any and all photographs, slides, films, digital images, sketches and other audio visual materials taken of my son/my daughter/my ward **and/or me** taken during any authorized Cornell Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs.

By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

If this release agreement is being signed for a child/ward I certify that I am the Parent/Guardian authorized to sign this release.

Name of Child/Ward: \_\_\_\_\_

PRINT NAME

Name of Parent/Guardian: \_\_\_\_\_

PRINT NAME

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

PARENT or GUARDIAN

All **Immunization records to be sent from Doctor's office** and can be faxed to 631-852-8662 or Mailed to Cornell Cooperative Extension, Sea Adventures Marine Camp, 3690 Cedar Beach Rd., Southold, NY 11971

Up-to-date immunizations include:

2 – MMR (measles, mumps, rubella)

2- DPT (diphtheria, pertussis, tetnus)

3- Polio

3 – Hebatitis B

New additions include: Haemophyllis influenza Type B and

Varicella (chicken Pox)

If there is an outbreak of one of these diseases, the Health Dept will determine whether or not your child can return to camp... if they do not have these immunizations.

**Directions to the Sea Adventures Marine Camp  
Cornell Cooperative Extension - SC Marine Environmental Learning  
Center, 3690 Cedar Beach Road, Southold, NY 11971**

**From Western Long Island:**

L.I.E. to exit 73 (final exit), continue on County Road 58 to State Road 25 east. \* Continue on 25 east through the villages of Aquebogue, Jamesport, Laurel, Mattituck and Cutchogue. After passing through Cutchogue go a few miles and be on the lookout for the Southold Town Police Station which will be on your left.

Approximately one mile further east on Route 25 you will make a sharp right turn (Main Bayview) just as you pass the Empire service station which will be on your right. Continue on Main Bayview for approx. three (3) miles to where the road curves to left and becomes Cedar Beach Road. Follow Cedar Beach Road approx. 1/4 mile. At an all-way stop sign, go straight ahead to the bay (you will see the water at the end of the road. Turn right into parking lot.

**From South Fork:**

Montauk Highway to State Road 24 toward Riverhead. State Road 24 to County Road 105 north. County Road 105 north to State Road 25 East. Continue with directions above from \* point to Marine Center.

**Sea Adventures Marine Camp!**