



Sea Stars Marine Camp Counselor in Training (CIT) Information

Dear Parent of CIT and CIT participant,

Thank you for supporting Cornell Cooperative Extension's Marine Program! I look forward to meeting you and your teenager at this summer's Sea Stars Marine Camp Counselor in Training Program. Please complete the enclosed forms for each child participating and send them to us as soon as possible (must be by the first day of camp). Please be as specific as possible when completing the forms so that we can provide your CIT with all of the specialized attention he/she needs.

*****Your teenager will not be able to attend camp without an immunization record.**

Arrival and Departure:

CIT's are to arrive at 8:30AM every day. They may be picked up at 2:15PM.

Campers are there from **9AM** until **2PM** each day. Please arrive on time for the beginning and end of each camp day. If the CIT is not attending camp that day, Ali must be notified with as much warning as possible. You must discuss your availability with Ali as soon as it is known.

*****Drop-off and pick-up each day will be next door to Fuchs' Preserve at Norwood Avenue School.**

Daily checklist:

Lunch Snack Water bottle Bathing suit Water shoes Towel Sunscreen Hat

Outdoor Activities

Each day there will be some type of outdoor activity (weather permitting). Your child must bring water shoes (e.g., aqua socks, crocs, preferably not flip flops), a bathing suit and a towel every day to participate in water activities. Please note: if Asharoken Beach is closed due to water-quality issues (e.g., following rain events), campers will not be allowed in the water until the beach is re-opened by the Suffolk County Department of Health. More information is provided prior to the start of camp during Staff Training Day. Marie will provide you with this date.

Changing rooms are available, however you may wear your swimsuit to camp if desired. A waterproof sunscreen should be applied daily before coming to camp. We suggest that your child bring additional sunscreen for reapplication throughout the day. A hat is also strongly recommended. It is always a good idea to check for ticks after camp! You may want to use a sunscreen/insect repellent combination. In the case of possible rain or cool weather, please dress appropriately. ***Policies will be discussed at training.**

Meals: You must pack a **snack and lunch**, including a drink, every day. Please do not bring drinks in glass containers. Although a water cooler is available on site, a **water bottle** is necessary as we move around throughout the day. **PLEASE, NO NUTS!**

Family participation: On Fridays parents/guardians are invited to visit the center and view displays the campers have made to share their week's experiences. We ask that you arrive as early as **1:30 PM** for this 'open-house' session.

Our staff's goal is to help your teenager have a safe and enjoyable summer experience while they learn about the marine environment and working with children. We appreciate your input at any time. You can reach us at (631) 239-1800 or ams838@cornell.edu.

Sincerely,
Alexandra Stevens
Camp Director

DUE NO LATER THAN 1 WEEK PRIOR TO 1st DAY OF CAMP

Mail to: Cornell Cooperative Extension, PO Box 554 Huntington, NY 11743

Sea Stars Marine Camp General camper information

Last name _____ First name _____

Age _____ Date of birth ____/____/____ Male Female

Address _____ Town _____ Zip _____

Mother's name _____ Father's name _____

Home phone (____) _____

Mother: work (____) _____ Cell (____) _____

Father: work (____) _____ Cell (____) _____

Your child is registered in session _____.

Swimmer? Yes No If swimmer, level of ability: Shallow water Deep water

****Please note: NYS Department of Health requires each camper to be evaluated by the camp Water Safety Instructor the first day of swimming on their ability to swim in water deeper than chest-high at the beach.*

Additional information regarding swimming ability:

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's Sea Stars Marine Camp. 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 _____

Persons needing special accommodations should contact 239-1800 at least two weeks prior to scheduled session.

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Sea Stars 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 have it faxed (631- 239-1797) prior to the first day of camp. Your child will not be allowed to attend camp without these records.

Required immunizations

Vaccine	Doses
MMR (measles, mumps, rubella)	2
DPT (diphtheria, pertussis, tetanus)	2
Polio	3
Hepatitis B	3
Varicella (chicken pox)	2
Hib (Haemophilus Influenza Type B)	3

Please note: These are requirements by the Suffolk County Health Department. 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 Stars Marine Camp staff may not dispense or administer medication(s).**

***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

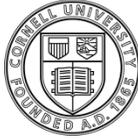
Please list any conditions such as diabetes, asthma, learning disabilities, ADD, hyperactivity, etc.

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



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CORNELL COOPERATIVE EXTENSION
ACKNOWLEDGEMENT OF RISK FORM

I hereby apply for my child to participate in the activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the above activities and my child's participation in said activity and use of any equipment related to such activities may result in injury, illness or death and 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 risk and dangers.

My child is in good health and is at or above the minimum age of **15 years** required to participate in this activity and is able to participate in any strenuous physical activity associate therewith.

Cornell Cooperative Extension of Suffolk County

ACTIVITY: At Cranberry Hill Environmental Center and on surrounding property of Fuchs' Preserve: classroom, playground areas, trails and grassy field activities and games, handling live marine animals; possible exposure to poison ivy, ticks, and sun. At Asharoken Beach: Beach and swimming activities: dock scraping, seining, fishing, crabbing, touching live animals, participating in activities near the water; possible exposure to the sun, live marine animals. During Captree Yankee III fishing trip: fishing, rigging lures, tying knots, handling live marine animals, plankton trolls and boat tour; any inherent risk associated. I understand and agree that if I, or someone on my behalf, drop-off and/or pick-up my child or children at Norwood Avenue School, that I will remain responsible for the child(ren) until such time as they are checked in/checked out by CCE staff.

DATE(S):

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND ACCEPT THE RISKS INVOLVED.

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 and the County where the County Extension office is located.

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: _____ **DATE:** _____

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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

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