

Jamestown Sea Adventure Camp Registration



Child #1 Information:

First Name	
Last Name	
Birth Date & Grade Entering	
Shirt Size	

Child # 2 Information:

First Name	
Last Name	
Birth Date & Grade Entering	
Shirt Size	

Address:

Address	
City	
State	
Zip	

Parent or Guardian:

Parent Name #1	
Parent Name #2	
Home Phone	
Work Phone	
Cell Phone	
Email	

2019 Jamestown Sea Adventure Camp Date Selection:

(Check week(s) you are registering for)

Explorers - 4 – 6 year olds, 9 am-12 pm, \$145/week

- June 24 - 28, 9 am – 12 pm
- July 1 - 5, 9 am – 12 pm, No camp July 4th; Price is \$115 for this week only
- July 22 – 26, 9 am – 12 pm

Marine Adventurers – 6 - 8 year olds, \$145/week

- July 1 - 5; 1 pm – 4 pm, No camp July 4th; Price is \$115 for this week only
- July 22 – 26, 9 am – 12 pm
- July 22 – 26, 1 pm – 4 pm
- August 12-16, 9 am - 12 pm

Ages 8-10, 9 am - 12:30 pm (half day); \$160/week

- July 1 - 5; No camp July 4th; price is \$130 for this week only
- July 22 - 26

Ages 8-10, 9 am - 4 pm (full day); \$295/week

- June 24 - 28
- July 8 - 12
- July 15 - 19
- July 29 - August 2
- August 5 - 9
- August 12 - 16

Ages 11-16, 9 am - 4 pm; \$295/week

- June 24 - 28
- July 8 - 12
- July 15 - 19
- July 22 - 26 - NO CAMP for this age group
- July 29 - August 2
- August 5 - 9
- August 12 – 16

Leadership Program Add – On, ages 13-16 only, 9 am – 4:30 pm, \$55 additional

Interested participants must register and pay for Sea Adventure Camp + the Leadership Program. Kids will participate in both.

- July 8 - 12
- July 15 – 19
- July 29 - August 2
- August 5 - 9

Emergency Information:

Emergency contact #1	
Phone #1	
Emergency contact #2	
Phone #2	

Medical Information:

Child's Physician	
Physician's Phone	
Health Insurance Company	
Policy Number	
Allergies or other Medical Information	

Transportation:

My child has permission to commute in the following way(s): (circle all that apply)

 Automobile Walk Bike Other _____**Pickup and Drop Off:**

Person(s) authorized to pickup my child **other than those persons listed above:**

Name #1	
Relationship #1	
Phone #1	
Name #2	
Relationship #2	
Phone #2	

Waiver:

All medical information is kept private and confidential. Information is ONLY given to instructors and staff as needed to ensure a safe and fun environment for all campers. Please take time to accurately fill out the [Jamestown Sea Adventure Camp Health History](#) in as much detail as possible and return it to Meg Myles, 7 Felucca Avenue, Jamestown, RI 02835.

**Please note that most hospital emergency rooms require notarization for permission to treat a patient. To promote optimal treatment security for your child, please have the Camp Health History Form notarized before mailing.*

In the event that my child(ren) should become ill or injured, I give my permission to have my child treated by a Conanicut Island Sailing Foundation authorized staff person or by a physician and/or a medical treatment facility in case of severe illness or emergency in which I cannot be reached. I understand every effort will be made to contact me before treatment is given. I hereby release, absolve, indemnify and hold harmless the Conanicut Island Sailing Foundation, their staff, and Board Members from any liability resulting from my and/or my child(ren)'s participation in CISF sponsored activities, including, but not limited to my and my child(ren)'s arrival, departure and/or transportation to and from the activity.

Signature	Date

Mailing Address:

**CISF
7 Felucca Avenue
Jamestown, RI 02835**

The following immunizations are also required to have been give and you must show proof that they have been given:

- Measles, Mumps, & Rubella Vaccine (MMR)
- Polio Vaccine
- Diphtheria & Tetanus Toxoids & Pertussis Vaccine (DTaP/DTP/DT/Td)
- Hepatitis B: All children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

Prescription Medication:

If your child is bringing medication prescribed by a physician, please have your physician attach a note indicating the medication order, dosage guidelines, and reason for medication. Only an authorized staff member will dispense medication.

All medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label. All medications must be in a Ziploc bag. ***Notify camp instructor, in person, on the first day of camp of any medication to be administered, and hand the medication to the camp instructor.*** All medications will be locked in a centrally located area, except inhalers and bee sting kits that must be carried by children at all times.



Prescription Medication: (continued)

If your child requires special care or non-oral medications (e.g. injections) to be administered by a camp instructor, you must contact Jamestown Sea Adventure coordinator, Meg Myles, by phone at 401-855-6643 before the camp session begins.

Photo Release:

I, the undersigned parent/guardian of the _____, hereby acknowledge that my child may be photographed, filmed or video taped while participating in the CISF Jamestown Sea Adventure camps and activities. I hereby unconditionally authorize Conanicut Island Sailing Foundation, at their sole discretion, to use any such photographs, videos and/or tapes for fundraising, advertising, brochures, website promotion, camp promotion, promotional flyers and other public relations and advertising medium.

Conanicut Island Sailing Foundation may identify my child only by first name and program in any of the materials stated above unless I give specific written direction not to.

Signature

Signature	Date

Photo Release for Camp Photo Only:

Starting this summer, a weekly group photo of the campers in each age group will be taken. Do you give permission for the photo that includes your child to be e-mailed to all the parents whose children are participating in that week of camp? CISF & Sea Adventure Camp will NOT use this photo for any reason outside of sharing it via e-mail with the parents that week.

For example, week one, a photo will be taken of the campers in their age groups. That photo will be e-mailed to those parents at the end of the week. We would like to do this for each week of camp all summer.

Signature

Signature	Date

Acknowledgement of Risk:

Instructors and educators make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered.

While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include, but are not limited to: hiking on uneven terrain, playing active games, participating in activities near and on the water, including swimming and sailing, and other activities.

Additionally, there is a swim check for sailing the first day. Children ages 8-16 will go swimming without their life jackets to a distance not more than 25 yards and then tread water for no longer than a minute and a half. Kids will also be asked to put their life jackets on while in the water. Instructors will teach the kids how to put their life jackets in the water on before the test begins. Instructors will also be at the water's edge prepared to rescue a swimmer if need be. If a camper struggles in the swim check, Instructor's reserve the right to re-test with their life jackets on. Swim checks are mandatory at every sailing program throughout the country. This is a national safety standard and an insurance requirement.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Conanicut Island Sailing Foundation, its officers, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Jamestown Sea Adventure Camp Program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Jamestown Sea Adventure Camp program and activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Jamestown Sea Adventure Camp programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the Jamestown Sea Adventure Camp program and its activities is completely voluntary.

Signature

Signature	Date

Agreement of Terms:

Program: I give permission for my child to participate in all camp program activities similar to those described on the Jamestown Sea Adventure Camp Registration website. I understand that Conanicut Island Sailing Foundation reserves the right to change program activities or instructors and cancel programs, should Conanicut Island Sailing Foundation decide in its sole judgment that it is necessary and appropriate to do so.

Expectations/Dismissal: I have informed the Camp Coordinator, Meg Myles at CISFSailing@gmail.com or 401-855-6643, and other appropriate Jamestown Sea Adventure Camp staff of any limitations to my child's participation in the camp and agree to abide by Jamestown Sea Adventure Camp staff's sole judgment as to whether my child can be accommodated in the camp program. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in my child's dismissal from the program without refund.

Sun and Bugs: I understand that outdoor exploration is an integral part of Jamestown Sea Adventure Camp and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her to camp each day. I give permission to Jamestown Sea Adventure Camp staff to assist my child in reapplying sunscreen, insect repellent, and topical anti-itch cream.

I understand that some ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any ticks that may become attached. Jamestown Sea Adventure Camp staff will regularly check for ticks and will remove any that are not deeply embedded.

I, the parent/legal guardian of the named camper, have read, understood, and agree to abide by the terms and policies listed above:

Signature

Signature	Date

