Trip Itinerary & Parental Consent

For Off-Site and Swim Trips at a Summer Camp

Record ID#: 40158 **Camp Name:** CAMP MARITIME

Camp Address: 311 SEA BREEZE AV **Borough:** BROOKLYN **Zip Code:** 11224

Trip Date	Trip Destination & Complete Address	Mode of Transportation	Activities (Include Hours for Swimming)	Parental Consent
EVERY DAY	BEACH 92 AND ROCHAWAY BEACH NY 11693	BUS	SWIMMING, SKIM BOARDING, SURFING, BOOGIE BOARDING	Yes ❒ No ❒
EVERY DAY	140 OCEAN AVE PROSEPECT PARK, BROOKLYN NY 11225	VAN	FISHING, PARK	Yes ❒ No ❒
EVERY DAY	GERRITSEN BEACH BROOKLYN NY 11234	BUS	WAKE BOARDING, WATER SKIING, FLYBOARDING	Yes ❒ No ❒
EVERY DAY	GATEWAY MOON BEAM MARINA 3260 FLATBUSH AVE BROOKLYN NY 11234	BUS	PONTOON	Yes ❒ No ❒
EVERY DAY	PLUMB BEACH BROOKLYN NY 11234	VAN	KAYAKING, STAND UP PADDLE BOARDING, WIND SURFING	Yes ❒ No ❒
EVERY DAY	CENTRAL PARK 72ND ST NY, NY 10021	VAN	FISHING , PARK	Yes ❒ No ❒
				Yes ❒ No ❒
				Yes ❒ No ❒

Parental Consent

I, _____ (Parent Name), the parent/legal guardian of _____ (Camper Name),

_____ (Camper age) hereby give permission for him/her to participate in these trips and activities.

Signature: _____ Date: _____

CAMP MARITIME

FAX

To: _____ Fax: _____

From: _____ Date: _____

Re: _____ Pages: _____

CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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- ☐ APPLICANT'S INFORMATION
- ☐ CAMP MARITIME, LLC AGREEMENT
- ☐ EMERGENCY MEDICAL RELEASE AGREEMENT
- ☐ HEALTH EXAMINATION FORM
- ☐ CAMP MARITIME LIABILITY WAIVER & POLICIES
- ☐ PICK-UP INFORMATION
- ☐ TRANSPORTATION FORM (optional)
- ☐ EMERGENCY TREATMENT WAIVER & PROMOTIONAL RELEASE
- ☐ GET TO KNOW YOUR CHILD

Parent Name _____

Contact _____

Campers Name _____

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CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly Press Hard

STUDENT ID NUMBER OSIS

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name | First Name | Middle Name | **Sex** ☐ Female ☐ Male | **Date of Birth** *(Month/Day/Year)* ___/___/___

Child's Address | **Hispanic/Latino?** ☐ Yes ☐ No | **Race** *(Check ALL that apply)* ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other

City/Borough | State | Zip Code | School/Center/Camp Name **Camp Maritime, LLC** | District Number ___ | **Phone Numbers** *Home* *Cell* *Work*

Health insurance (including Medicaid)? ☐ Yes ☐ No | ☐ **Parent/Guardian** Last Name First Name ☐ **Foster Parent**

TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

Birth history *(age 0-6 yrs)*

☐ Uncomplicated ☐ Premature: _____ weeks gestation

☐ Complicated by _____

Allergies ☐ None ☐ Epi pen prescribed

☐ Drugs *(list)* _____

☐ Foods *(list)* _____

☐ Other *(list)* _____

Does the child/adolescent have a past or present medical history of the following?

☐ Asthma *(check severity and attach MAF/Asthma Action Plan):* ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

If persistent, check all current medication(s): ☐ Inhaled corticosteriod ☐ Other controller ☐ Quick relief med ☐ Oral steroid ☐ None

☐ Attention Deficit Hyperactivity Disorder ☐ Orthopedic injury/disability

☐ Chronic or recurrent otitis media ☐ Seizure disorder

☐ Congenital or acquired heart disorder ☐ Speech, hearing, or visual impairment

☐ Developmental/learning problem ☐ Tuberculosis *(latent infection or disease)*

☐ Diabetes *(attach MAF)* ☐ Other *(specify)*_____

Explain all checked items above or on addendum

Medications *(attach MAF if in-school medication needed)*

☐ None ☐ Yes *(list below)*

Dietary Restrictions

☐ None ☐ Yes *(list below)*

PHYSICAL EXAMINATION

Height _____ cm (___ %ile)

Weight _____ kg (___ %ile)

BMI _____ kg/m² (___ %ile)

Head Circumference *(age≥2 yrs)* _____ cm (___ %ile)

Blood Pressure *(age≥3 yrs)* _____ / _____

General Appearance:

	NI	Abnl
HEENT	☐	☐
Dental	☐	☐
Neck	☐	☐
Lymph nodes	☐	☐
Lungs	☐	☐
Cardiovascular	☐	☐
Abdomen	☐	☐
Genitourinary	☐	☐
Extremities	☐	☐
Skin	☐	☐
Neurological	☐	☐
Back/spine	☐	☐
Psychosocial Development	☐	☐
Language	☐	☐
Behavioral	☐	☐

Describe abnormalities:

DEVELOPMENTAL *(age 0-6 yrs)* ☐ Within normal limits

If delay suspected, specify below

☐ Cognitive *(e.g., play skills)* _____

☐ Communication/Language _____

☐ Social/Emotional _____

☐ Adaptive/Self-Help _____

☐ Motor _____

SCREENING TESTS

	Date Done	Results
Blood Lead Level (BLL) *(required at age 1 yr and 2 yrs and for those at risk)*	___/___/___	_____ µg/dL
	___/___/___	_____ µg/dL
Lead Risk Assessment *(annually, age 6 mo-6 yrs)*	___/___/___	☐ At risk *(do BLL)* ☐ Not at risk
Hearing ☐ Pure tone audiometry ☐ OAE	___/___/___	☐ Normal ☐ Abnormal
Head Start Only		
Hemoglobin or **Hematocrit** *(age 9–12 mo)*	___/___/___	_____ g/dL _____ %

	Date Done	Results
Tuberculosis *Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school*		
PPD/Mantoux *placed*	___/___/___	Induration _____ mm
PPD/Mantoux *read*	___/___/___	☐ Neg ☐ Pos
Interferon Test	___/___/___	☐ Neg ☐ Pos
Chest x-ray *(if PPD or Interferon positive)*	___/___/___	☐ NI ☐ Abnl ☐ Not Indicated
Vision *(required for new school entrants/children age 4–7 yrs)*	___/___/___ ☐ with glasses	Acuity *Right* ___/___ *Left* ___/___ Strabismus ☐ No ☐ Yes

IMMUNIZATIONS – DATES

CIR Number of Child

Hep B	___/___/___	___/___/___	___/___/___	___/___/___
Rotavirus	___/___/___	___/___/___	___/___/___	
DTP/DTaP/DT	___/___/___	___/___/___	___/___/___	
	___/___/___	___/___/___	___/___/___	
Hib	___/___/___	___/___/___	___/___/___	___/___/___
PCV	___/___/___	___/___/___	___/___/___	___/___/___
Polio	___/___/___	___/___/___	___/___/___	___/___/___
Influenza	___/___/___	___/___/___	___/___/___	
MMR	___/___/___	___/___/___	___/___/___	
Varicella	___/___/___	___/___/___		
Td	___/___/___	___/___/___	___/___/___	
Tdap	___/___/___	Hep A	___/___/___	___/___/___
Meningococcal	___/___/___	___/___/___		
HPV	___/___/___	___/___/___	___/___/___	
Other, *specify:*	___/___/___		___/___/___	

RECOMMENDATIONS ☐ Full physical activity ☐ Full diet

☐ Restrictions *(specify)* _____

Follow-up Needed ☐ No ☐ Yes, for _____ Appt. date: ___/___/___

Referral(s): ☐ None ☐ Early Intervention ☐ Special Education ☐ Dental ☐ Vision

☐ Other _____

ASSESSMENT ☐ **Well Child** (V20.2) ☐ **Diagnoses/Problems** *(list)* **ICD-9 Code**

_____ _____

_____ _____

_____ _____

Health Care Provider Signature | Date ___/___/___

DOHMH ONLY PROVIDER I.D.

Health Care Provider Name and Degree *(print)* | Provider License No. and State

TYPE OF EXAM: ☐ NAE Current ☐ NAE Prior Year(s)

Comments

Facility Name | National Provider Identifier (NPI)

Address | City | State | Zip

Telephone (___) ___ – ___

Fax (___) ___ – ___

Date Reviewed: ___/___/___ I.D. NUMBER

REVIEWER:

CH-205 (5/08)

Copies: **White** School/Child Care/Early Intervention/Camp, **Canary** Health Care Provider, **Pink** Parent/Guardian

CAMP MARITIME

APPLICANT'S INFORMATION

NAME _____

DOB ____/____/____ AGE _____

SEX _____ GRADE _____

ADDRESS _____

_____

S.S. # _____

PARENTS INFORMATION

MOTHER'S NAME _____

PLACE OF WORK _____

WORK PHONE # ____ ____ _____

CELL PHONE # ____ ____ _____

FATHER'S NAME _____

PLACE OF WORK _____

WORK PHONE # ____ ____ _____

CELL PHONE # ____ ____ _____

IN CASE OF EMERGENCY

PLEASE LIST ANY FAMILY OR FRIENDS TO CONTACT IN A CASE OF AN EMERGENCY:

NAME _____

RELATIONSHIP _____ PHONE # ____ ____ _____

NAME _____

RELATIONSHIP _____ PHONE # ____ ____ _____

CAMP MARITIME

CAMP MARITIME LIABILITY WAIVER & POLICIES

PLEASE INITIAL, SIGN AND DATE

I understand and acknowledge:

(a) that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate, _____

(b) that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation by my dependents in such activities, _____

(c) that the camp, it's employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity(ies), _____

(d) that photos and/or videos of my child/ren participation in these activities may be taken for the purpose of assisting in the instruction and/or promotion of future programs. _____

(e) My dependent/s have no known medical condition which may pose a risk to the health and safety of others by participating in the registered activity(ies), _____

CANCELLATION/REFUND POLICY: Should a camper suffer an illness lasting more than 2 weeks or serious injury prior to camp start date which prevents them from participating in regular camp activities *(Doctor note will be required)* balance paid will be refunded less $100 processing fee. Should a camper decide not to attend camp for any other reasons, not related to illness or injury, the balance paid will be non-refundable. _____

_____ ***Under no circumstances will a refund be issued once a program has begun.***

BIHEVIOR POLICY: Camp Maritime staff reserves the right to dismiss, without refund, any participant whose behavior, including but not limited to bullying, foul language and reckless or irresponsible actions, affects the well-being and enjoyment of others. _____

LOST OR STOLEN ITEMS: Camp Maritime is not liable for any lost or stolen items. _____

SIGNATURE: _____ DATE: _____

Parent/ Authorized Guardian

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EMERGENCY MEDICAL RELEASE AGREEMENT

As parent or legal guardian of _____

I, _____ give my permission for my child to receive whatever emergency medical care that may be needed by **CAMP MARITIME, LLC.**, personnel for the treatment of any injury that may be incurred while in the Camp's activities or swimming onpremises or elsewhere. I understand **CAMP MARITIME, LLC.**, will make effort to contact myself or my emergency contact before or immediately after such emergency treatment is rendered. _____

LIMITED WAIVER OF LIABILITY

CAMP MARITIME, LLC., provides education, recreation and water sports programs including swimming. Our staff is trained in safety techniques to provide the maximum of protection for your child while in our care. Even with all of these safeguards injuries can occur.

As a parent or legal guardian of the above named camper, I fully understand the risks involved in my child's participation in the all Camp Activities and swimming. To the best of my knowledge my child has no medical conditions, which would conflict with his/her participating in the full summer programs. I further agree to waive the right to press any legal proceedings against **CAMP MARITIME, LLC.**, its officers and staff, in those instances where any of the above has not clearly demonstrated negligence leading to injury of the above named student.

SIGNATURE: _____ DATE: _____

Parent/ Authorized Guardian

CAMPER RELEASE FORM

CAMP MARITIME, LLC., recommends all participants obtain a physical examination from their physician prior to participating in any or all programs provided by CAMP MARITIME, LLC., or its affiliates.

Our programs at **CAMP MARITIME, LLC.**, requires the participant to perform a great deal of physical exertion, including sprints, hand-eye coordination activities, and agility drills. This farm of exercise directly affects heart rate, body temperature and respiration, and requires the participant to be in good physical condition. It is up to the participant, or parent/guardian, to ensure that he/she is physically capable and in good mental condition, so as to permit safe participation in the program. **CAMP MARITIME LLC.**, shall have no responsibility, nor liability to confirm the medical condition of a participant. The undersigned recognizes the possible dangers connected with physical activity and competition and it is expressly agreed that participation in the program shall be undertaken at the participant's own risk. In consideration of the undersigned's participation in the program, the undersigned hereby certifies and represents that he/she is in good medical condition and is physically capable of safely participating in the program, and utilizing all exercise equipment, athletic equipment, and training required in the program. _____

CAMP MARITIME, LLC AGREEMENT

I, _____ residing at _____
(LAST NAME FIRST NAME) *(ADDRESS)*

agree to register my son/daughter _____ with **CAMP MARITIME, LLC.**

I undertake to pay $ _____ and understand that this amount covers expenses for my son/daughter for: _____ 5 Weeks / _____ 10 Weeks. These balances of all fees are payable prior to the camper's first day of the scheduled attendance. _____

CAMP MARITIME, LLC. RESERVES THE RIGHT TO REFUSE ADMISSION TO ANY CAMPER FOR WHOSE PAYMENT HAS NOT BEEN RECEIVED.

I also understand that there is no deduction for any absence in case of illness, vacation or other reasons. Full payment is due despite of government or religious holidays included in CAMP MARITIME, LLC, Schedule. _____

No adjustments, allowance or refund of the deposit or balance shall be made except in strict conformity with the rules:

a) If a parent of a camper notifies in writing to **Camp Maritime, LLC.**, prior to MAY 1st, those child/children will be unable to attend for any reasons whatsoever, a full refund will be made of all fees previously paid.

b) If a parent of a camper notifies **Camp Maritime, LLC.**, that child/children are unable to attend because of injury or illness, properly documented, all money received on behalf of the applicant will be refunded. _____

I understand that for the safety, welfare and proper maintenance of all campers, **CAMP MARITIME, LLC.**, reserves the right, in its sole discretion, to suspend or expel camper whose conduct or influence is damaging and/or potential dangerous to the safety of campers, camp staff or camp property. **CAMP MARITIME, LLC.**, reserves the right to determine the severity of the disciplinary issues and threats to the safety of its campers, in its sole and absolute discretion. Some egregious examples of misconduct include but are not limited to: physical violence toward campers and camp staff, damage or defacing of camp property, theft, inappropriate behavior, carrying/use of weapons or materials which may be used as weapons. On the part of the parent, an obvious misrepresentation regarding the medical or mental history of a camper will result in action to be taken against the camper that may include dismissal from the camp. The previously stated examples of misconduct are just examples and **CAMP MARITIME, LLC.**, may deem other conduct or misrepresentation as damaging or dangerous, in its sole and absolute discretion. All of the abovementioned disruptions to the safety standards of the **CAMP MARITIME, LLC.**, may lead to the student's dismissal from the camp. **CAMP MARITIME, LLC.**, administrative staff reserves the right to make judgments upon disciplinary action, in its sole and absolute discretion, to be taken against a student (including suspensions, or dismissals). In the event of camp suspensions or dismissals, no refunds or adjustments will be made to the camp tuition fees. In cases of damage done to the camp property, the Camp director reserves the right to assess the level of damage caused to the camp property. All costs for repairs will be charged to camper account. **CAMP MARITIME, LLC.**, shall have further right to charge and receive collection of attorney's fees on any unpaid balances plus interest, expenses and court costs, if any, in the event that the school initiates proceedings for the collection on any unpaid balances due. _____

Due to the seasonal nature of the business, no refund or credit will made for any portion of the camping period not completed, including late admission, early departure (leaving), and dismissal for cause, disability or withdrawal for any reason. Tuition and fees already paid and or due is agreed to be the fair and reasonable sum as and for liquidated damages. All claims for refund or credit are expressly waived and released by the parents and or guardian of the child. _____

CAMP MARITIME, LLC., shall not be responsible for clothing or personal possessions lost or damaged by fire, theft, malicious mischief or personal negligence. _____

In cases of extreme emergency, I give permission to the physician or hospital selected by the camp officials to hospitalize, secure proper treatment for, order injections, anesthesia, X-rays or surgery to my child. I understand that the cost of medical services will be entirely my responsibility. I understand that **CAMP MARITIME, LLC.**, will make every effort to contact me or another designated emergency contact person before or immediately after such emergency treatment is rendered. _____

Permission hereby granted to **CAMP MARITIME, LLC.**, to use any photograph, film or video, of the above camper in any public release, publicity, advertisements of brochure, television program or promotional video. _____

If a parent decides to withdraw his or her child, the directors require 24-hour notice. The child may be picked up from campsite only. Parent/guardian further agrees to waive the right to press legal charges against **CAMP MARITIME, LLC.**, its officers, directors, and employers, in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above named child. _____

The camp assumes no responsibility for the acts done by campers when in violation of camp rules, local, State or Federal laws. The camp is not responsible for losses of personal property or acts done by campers or other persons while off camp's premises. Parent/guardian will be responsible for any damages incurred by camper on or off camp premises. _____

CAMP MARITIME, LLC., is required to be licensed by the New York City Department.

CAMP MARITIME, LLC., accepts no responsibility or liability for any: accident, illness or mishap, which is not the fault of CAMP MARITIME.

I hereby confirm that the above named child/children is in good physical condition and has been examined by a physician within the past 6 (six) months and is in relatively good health and able to participate in a full **Camp Maritime, LLC.**, programs.

I have read and understood the Agreement of the Enrollment terms, which have been presented in the Agreement. I agree to all terms contained in the Agreement. In agreeing to the terms presented in the Agreement, I acknowledge that I am also acting on the behalf of the other parent/legal guardian (if that person is not present at the signing of the Agreement) with the authority to enroll my child in to **CAMP MARITIME, LLC.**, and agree to execute this agreement on his or her behalf. I recognize that **CAMP MARITIME, LLC.**, relies upon the representation herein made in accepting my child to **CAMP MARITIME, LLC.**

SIGNATURE: _____ DATE: _____

Parent/ Authorized Guardian

The undersigned hereby releases **CAMP MARITIME LLC.**, it's directors, employees, agents, representatives, coaches, and volunteers, as well as the owners of any facilities in which the program is conducted, on behalf of himself/herself and any one claiming by, through or under the undersigned, from any and all claims of damage, injury, or death, of any kind, arising out of the undersigned's participation in the program. In addition, the undersigned acknowledges and agrees to indemnify and hold **CAMP MARITIME LLC.**, harmless from any claims of damage, injury or death arising out of the participation of the undersigned in the program, including injuries caused in whole or in part by the undersigned, or another participant. _____

Moreover, by this release, the undersigned also intends to fully, completely and forever release, discharge, and absolve **CAMP MARITIME LLC.**, all of its directors, employees, agents, representatives, coaches, and volunteers, from any active or passive negligence whatsoever on the part of **CAMP MARITIME LLC.**, its directors, employees, agents, representatives, coaches, and volunteers. The undersigned further agrees and promises not to sue or exercise any legal rights to seek damages or relief of any nature from **CAMP MARITIME LLC.**, it's directors, employees, agents, representatives, coaches, and volunteers. The undersigned certifies that he/she has read this release and all of the statements contained herein, and further represents that he/she understood its contents and has voluntarily executed this release. The undersigned understands that he/she is giving up valuable rights and is signing this release voluntarily. The undersigned further agrees that no oral representations, statements, or inducements of any kind apart from this written release have been made with regard to the subject matter of this release.

The undersigned hereby warrants that he/she is over the age of eighteen, is competent to contract in his/her name, and that the undersigned has the authority to grant this consent and release.

SIGNATURE: _____ DATE: _____

Parent/ Authorized Guardian

(Relationship to participant if minor) : _____

CAMP MARITIME

EMERGENCY TREATMENT WAIVER AND PROMOTIONAL RELEASE

In consideration for being allowed to register and participate in Camp Maritime, LLC as parent/guardian I hereby release the camp, its Incorporators, owners, operators, officers, employees, agents, independent contractors and volunteer workers from any liability for injuries which are sustained during the camp, including any necessary transportation. The child herein described has permission to engage in all scheduled activities. I hereby give permission to the camp onsite and offsite health director as well other staff to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization is required, the child is to be referred to an appropriate physician and all treatments will be at my expense. _____Initial here

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby acknowledge and authorize Camp Maritime, LLC, to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge Camp Maritime, LLC and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child. _____ Initial here

Name _____ Relationship to child _____

SIGNATURE: _____ Date _____

Parent/ Authorized Guardian

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CAMP MARITIME

TRANSPORTATION REQUEST FORM

The undersigned parent(s) or legal guardian(s) of (campers name) _____ hereby authorize Camp Maritime LLC, ("Organizers"), to facilitate the procurement of bus transportation for my son/daughter. In their role as facilitators, I/we hereby authorize Organizers to enter into a Pupil Transportation Services Agreement on my/our behalf.
I/we hereby indemnify and hold Organizers harmless for the acts or omissions of any transportation company in the performance of the bus transportation services for Camper(s).

PARENTS/GUARDIAN INFORMATION:

Parent's Name: _____

Address: _____

City_____ State_____ Zip Code_____

Home phone #_____ Work Phone #_____ Cell Phone #_____

STUDENT INFORMATION:

Child's Name_____ Age_____

SCHOOL BUS TRANSPORTATION LIABILITY WAIVER

As parent/guardian of the above-named child/children, I hereby release Camp Maritime LLC, its agents, employees and trustees from all liability arising out of his/her transportation on the school bus and/or transport vehicle to or from Camp Maritime LLC, and throughout all the extra curriculum activities including multiple daily trips. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named Camper(s). I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Camp Maritime LLC, its officers, directors and agents, and the chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the camp, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith I understand that it is my full responsibility as parent/guardian to:

- Place him/her on the bus and/or transport vehicle in the morning, and to meet him/her in the evening at the bus stop.
- Be on time for the evening pickup.
- Instruct my child/children as to his/her pickup and drop off point.

SIGNATURE: _____ Date _____

Parent/ Authorized Guardian

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CAMP MARITIME

PICK-UP INFORMATION

I,_____, parent/legal guardian of _____, authorize my child to leave camp at the end of the day by the following methods (check all that apply):

_____ **Walk/Public Transportation** and/or _____ **Pick-up/Carpool For pick-up/car pool**

You must specify below who is authorized to pick-up your child from camp:

PICK-UP #1

First Name _____ Last Name _____

Main Phone _____ Alternate Phone _____

Relation to Participant _____

PICK-UP #2

First Name _____ Last Name _____

Main Phone _____ Alternate Phone _____

Relation to Participant _____

I,_____ parent/legal guardian of _____, authorize the above pickup.

SIGNATURE: _____ Date _____

Parent/ Authorized Guardian

CAMP MARITIME

CHECKLIST

WHAT TO WEAR:

- ☐ T-Shirt
- ☐ Shorts
- ☐ Closed toe shoes that can get wet - old sneakers or water shoes (Flip-Flops ONLY as a back-up)

WHAT TO BRING: (*BACKPACK CONTAINING*)

- ☐ Refillable water bottle
- ☐ Bathing Suit
- ☐ Beach Towel
- ☐ Hat
- ☐ Sunscreen
- ☐ Sunglasses
- ☐ Plain white T-Shirt (with name marked inside) for special projects
- ☐ Eye-Glasses (with safety lanyard to prevent losing them)
  - At Home: Contacts and Back-Up pair of glasses
  - Medication: (i.e. asthma inhaler, epi-pen)
- ☐ Positive Attitude
- ☐ Sense of Adventure

United States Coast Guard approved life jacket will be provided for each camper.

*** Please leave electronic games, music players and other unnecessary valuables at home. ***

Camp Maritime, LLC is not responsible for lost, stolen or damaged items.

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