



Camp Information (in consideration of COVID-19)

****PLEASE READ IN FULL TO NOTICE CHANGES FROM PRIOR CAMPS****

Dear Parent or Guardian,

We are so pleased that you have decided to send your child(ren) to the Cox Science Center and Aquarium's Science Camp at STEM Studio. Our Science Camp Staff is dedicated to making your experience as enjoyable as possible for you and your child. Please fill out all enclosed forms and return as soon as possible by email or hand-delivering. Please take a moment to review the information below as you will find answers to frequently asked questions regarding Science Camp.

1. What does the camper need to bring each day?

- a. Packed lunches should be in non-perishable or thermos bags. Refrigeration is not available for packed lunches.
- b. All campers are required to bring their own snack from home. Campers will have two snack breaks throughout the day.
- c. All campers are required to bring their own reusable water bottle that they will be able to refill throughout the day.
- d. Be sure to put the camper's name on all personal items such as lunch boxes, water bottles, and clothing.
- e. Electronics/video games of any sort are not permitted. We are not responsible for lost or damaged items. Please do not bring any video games or iPods of any sort

2. What should the camper wear?

- a. Campers should wear shorts, tee shirts, or other comfortable clothing according to our weather.
- b. Closed-toe shoes are required (sneakers are ideal).
- c. Heelies/shoes with wheels, sandals, and flip flops are not to be worn.

3. What are the camp hours?

- a. Camp activities start at 9:00am and end at 4:00 pm each day.
- b. You are welcome to drop off your camper after 8:45am.
- c. No Before/After Care available at STEM Studio.

4. How do the campers check-in and check-out?

- a. A parent or other responsible adult **must** drop-off camper at the designated camp check-in area each morning.
- b. Only authorized adults will be permitted to sign out a camper. Please be sure that you have filled out the form authorizing pick-up by someone other than the legal guardians.
- c. Pick-up procedures will be modified to adhere to safe social distancing practices while maintaining a priority on camper safety during dismissal. Photo identification will be required on the first day of the camp and following days to ensure camper safety. CAMPERS WILL NOT be dismissed without proper identification.

5. What if I must pick-up my camper early?

- a. Early pick-up takes place at the admissions desk/main entrance. Please check-in there and wait for the camper's group to be notified. Please have your ID ready for verification.
- b. Your camper will then be escorted to the front where you will need to initial and check the camper out.

6. What is a typical day of camp like?

- a. Campers are engaged in 1 interactive, hands-on science lessons, 2 theme-related craft, 2 outdoor PE activities, a ½ hour lunch break, two 15 minute snack breaks, and guided STEM-free play. Frequent hand washing will be incorporated into the daily routine of each camper.

If you have any additional questions regarding camp, please contact Alyson Fishbein, at afishbein@coxsciencecenter.org

Sincerely,

Alyson Fishbein

Camp Manager

Cox Science Center and Aquarium

4801 Dreher Trail North

West Palm Beach FL 33405

COX SCIENCE CENTER AUTHORIZED PICK-UP AND PHOTO RELEASE FORM

In order to ensure the safety of campers, only authorized person(s) will be allowed to pick-up your child. Photo identification is required at the time of pick-up.

Name of camper(s): _____
DATE OF BIRTH: _____ / _____ / _____

Password (optional): _____

I give permission for the following persons to pick-up my child(ren) from summer camp:

****Please remember to list any and all names (yourself included) below****

_____	_____
_____	_____
_____	_____

PHOTO RELEASE

I hereby grant the Cox Science Center and Aquarium (Science Center) permission to use mychild's likeness in photographs/video in any and all of its publications and in any and all other media, including website entries, whether now known or hereafter existing. I understand and agree that these materials are controlled by the Science Center in perpetuity.

I hereby irrevocably authorize the Science Center to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Science Center's programs or for any other lawful purpose. I waive the right to inspect or approve the finished product, including a written or electronic copy, wherein my likeness appears. Additionally, I will make no monetary or other claims against the Science Center for use of the photograph/video. Further, I hereby release and otherwise agree to hold you harmless and to indemnify you, your licensees and/or assigns from any and all claims arising out of, or resulting from my appearance and my statements in the above.

I hereby certify that I am the parent or guardian of _____ (child's name)

and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS-READ BEFORE SIGNING

In consideration of _____, my minor child/ward ("my child"), being allowed to participate in any way in the CSCA program-related events and activities for Science Camp the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury or illness to my child from activities involved in these programs is significant. These activities include but are not limited to contact or close proximity to the general public or commonly occupied areas, playtime on the Science Center grounds, indoors and out, science laboratories, crafts, contact with marine animals and exhibits in the Science Center/STEM Studio. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury or illness does exist, and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately, and
3. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE CSCA, its officers, officials, agents and/or employees, other participants, sponsoring agencies, advertising, and if applicable, owners and lessors of premises used to conduct the event ("Release"). WITH THE RESPECT TO ANY AND ALL INJURY OR ILLNESS or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law, and,
4. I for myself, my spouse, my child, and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.
5. It is expected that when a child attends camp activities the Cox Science Center will administer first aid on-site for minor injuries and will give a verbal report of those minor injuries to the authorized pick-up person at the end of the day. In the event of any major injuries, you will be called as soon as possible. It should be noted that every one of our teachers/counselors is CPR and First Aid certified.
6. I verify that the child has no temperature or symptoms of illness and has not traveled within the past 14 days. The Cox Science Center holds the right to send home any camper displaying symptoms of illness including runny nose, cough, excessive sneezing, etc.

I HEREBY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date signed _____
(Parent/Guardian Signature)

CONDUCT AGREEMENT

I understand my child's personal responsibilities for adhering to the rules and regulations of the camp. This includes:

1. Abiding by all camp and program rules and procedures.
2. Respecting the rights and the authority of all staff and fellow campers. Teachers and counselors are responsible for making the camp safe and enjoyable for everyone.
3. Understanding that problems with behavior such as bullying, swearing, or harming another child will result in your child being sent home or removed from the program for the rest of the summer with no refund of tuition.

I ALSO UNDERSTAND THAT THERE WILL BE NO REFUNDS OF CAMP PAYMENTS OR FEES FOR ANY REASON.

X _____ Date Signed _____



Camper Allergy Information

Please indicate below any and all allergic information that the CSCA Camp Staff should be aware of.

Camper Name: _____

What causes an allergic reaction?: _____

What are the symptoms of the reaction?: _____

What is the treatment or medication required (if applicable)?: _____

Emergency Contact Information

Name _____ Name _____

Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

I hereby consent to the above:

Parent/Legal Guardian _____ Date _____

(Signature)

CONSENT TO TREAT AFFIDAVIT-MEDICAL EMERGENCY
(Hard Copy must be submitted to the CSCA Staff prior to camper's first day)

In the event of a medical emergency, we must be able to have specific medical and consent to treat information that we can provide to medical personnel. Please take a moment to complete this form as soon as possible. If your child takes any prescription medication, please attach a separate sheet with the information.

Name of child _____ DOB ____ / ____ / ____

I _____ parent or legal guardian of the above named child, do hereby authorize paramedics who may be called in the event of a medical emergency, to treat my child for the purpose of stabilizing any life threatening condition. I also authorize transportation to the nearest Trauma Center if such condition is warranted in the opinion of the paramedics. (Although we ask that you consent to the above condition, it is noted that paramedics do not require parental permission to stabilize and transport to the nearest Trauma Center in the event of any life threatening emergency).

Please check either option A or B:

A. _____ I hereby authorize paramedical personnel to transport my child in the event of a serious but non-life threatening emergency to:

(Please check 1 or 2)

1. _____ The nearest available hospital

2. _____ The following hospital of my choosing _____

(This hospital must be in the area that the paramedics are willing to transport, or they will use the nearest hospital available)

B. _____ I do not authorize transport without consulting me.*

*Please also note, that if you do not authorize transport prior to contacting you, it is agreed that the Cox Science Center and Aquarium shall not be held liable for consequences arising from such decision.

Please list any additional instructions or limits and allergies.

I understand that every reasonable effort will be made to contact me in the event of a medical emergency.

EMERGENCY CONTACT PHONE NUMBERS (Provide Extensions when needed)

Name _____	Name _____
Home _____	Home _____
Work _____	Work _____
Cell _____	Cell _____

I hereby consent to the above:

Parent/Legal Guardian _____ Date _____
(Signature)