

Welcome Summer Camp 2016 Families,

We are excited to have your child enrolled in a Mystic Aquarium Summer Camp. Experiences and activities have been developed for your camper that will highlight the marine environment and animals, ocean conservation and exploration of local habitats. Our days will be filled with Mystic Aquarium exploration, animal interactions, hands-on activities and field trips.

**To complete your camper's registration, please return the attached paperwork to the Camp Director at least 1 week prior to the start of camp.** This will help ensure an easy first day of camp with no surprises, such as missing paperwork. If your camper is attending multiple sessions of camp, please fill out one set of paperwork and list all of the camp sessions on the first page. If paperwork is not filed in advance, or if you are providing medication, you must visit the table located near the membership booth on Day 1 of your camp week prior to signing in your camper. Please check your registration confirmation email to confirm the dates that your child is registered for camp. For additional camp information please review Mystic Aquarium's Parents Handbook, located on our website in the Summer Camps section.

**All full day camps will have an itinerary emailed to you prior to the first day of camp.** This will let you know what the focus is each day, dates and times of field trips (if applicable), and if any special clothing is needed. This itinerary must be signed and returned to the Camp Director at least 1 week prior to the camp week.

**Morning drop off** will occur each day in front of the Mystic Aquarium admission gates between 8:20am-8:30am for all camps with the exceptions listed below. Late arrivals must call 860-625-2104 for admission.

A camp instructor will greet you with the sign in sheet each morning. **You must sign your camper in each day.**

***A Week in the Life of a Marine Biologist*** – Drop off is at 8:30am at New England Science and Sailing, Stonington, CT.

***Marine Mammals and Their Environment*** – Drop off is at 9:00am each day.

Monday & Tuesday: Drop off is at Project Oceanology, Groton, CT

Wednesday - Friday : Drop off is at Mystic Aquarium, Mystic, CT.

***Environmental Conservation Camp*** – Drop off is at 9:00am each day.

Monday - Wednesday: Drop off is at Project Oceanology, Groton, CT

Thursday & Friday: Drop off is at Mystic Aquarium, Mystic, CT

**Afternoon pick up** will occur each day in front of the Aquarium admission gates at the times indicated below, with the following exceptions: *Marine Mammals and Their Environment*, *Environmental Conservation Camp* and *Mystic River Adventure*.

Please remember that at pick up time, an adult will need to show identification to sign their camper out from camp each day.

***Sea Stars***: Monday through Friday – Pick up time is at 11:30am

***Animal Adventure, Sea Turtles 101, Dino-Sea, Aquarium Experience, Girls in Science, A Week in the Life of a Marine Biologist***: Monday through Friday - Pick up time is at 4:00pm

***Mystic River Adventure***: Monday through Friday – Pick up is at Mystic Seaport Main Entrance near the store at 4:00pm.

***Aqua Camp***: Monday and Tuesday – Pick up time is at 4:00pm, Thursday – Pick up time is at 8:30am.

***Marine Mammals and Their Environment***: Monday & Tuesday: Pick up is at Project Oceanology at 4:00pm.

Wednesday – Friday: Pick up is at Mystic Aquarium 4:00pm.

***Environmental Conservation Camp***: Monday – Wednesday: Pick up is at Project Oceanology at 4:00pm.

Thursday & Friday: Pick up is at Mystic Aquarium 4:00pm.

**Extended Day pick up** will occur in front of the Aquarium admission gates at 5:00pm for registered campers. We ask that you please be on time. If you are picking up earlier than 5:00pm, please call 860-625-2104 so that we can have your camper ready for you.

**Interested in purchasing lunch for your camper?** Please fill out and send in the included form with payment at least 1 week prior to the start of your camp week. Checks are made payable to Ocean Blue Catering. Unfortunately we will not be able to accept lunch orders made less than 1 week prior to the start of the camp session. We cannot accept any lunch order without payment.

**As a reminder, please complete all necessary forms and return them at least 1 week prior to the start of your camp week.** Completed paperwork, signed itinerary, and lunch order with payment (if ordering) must be returned to the Camp Director at least 1 week prior to the start date of the camp session. This will complete your camper's registration. All camp forms are included with this letter and are also available online at our web site.  
<http://mysticaquarium.org/fun-and-learning/summercamps>.

**Forms may be mailed, emailed or faxed to:**

Mail: Mystic Aquarium, ATTN: Becky Hirsh , 55 Coogan Boulevard, Mystic, CT 06355

Email: [bhirsh@mysticaquarium.org](mailto:bhirsh@mysticaquarium.org)

FAX: 860.572.5969     ATTN: Becky Hirsh - Camps

I look forward to seeing your camper this summer.

Becky Hirsh  
Mystic Aquarium Camp Director  
860-572-5955 ext 158

**This is a required form for camp.**

FILL OUT AND RETURN ALL FORMS AT LEAST 1 WEEK PRIOR TO THE START OF THE CAMP WEEK TO:

Mystic Aquarium, Attn: Becky Hirsh, 55 Coogan Blvd, Mystic, CT 06355

Please contact Becky Hirsh, Camp Director, at 860.572.5955 ext 158 with any questions.

### 2016 CAMPER INFORMATION

Program Names: \_\_\_\_\_ Dates of Programs: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guardian's Email: \_\_\_\_\_

#### Emergency Contact Information

Guardian's Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### If a guardian cannot be reached, who should we call?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

**Camper Pick-Up List** -Your child will only be released to the **adults** listed below. Proof of ID will be required. If someone not listed here will be picking up your child, a note must be turned in during the morning sign in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency (and we cannot reach those listed in the Emergency Contacts) do we have your permission to administer first aid and/or seek medical help for your child?  Yes  No

\_\_\_\_\_  
Signature of Guardian Date: \_\_\_\_\_

#### Aquarium use only:

information  health record  medication  discipline  liability  model release  lunch

itinerary  other \_\_\_\_\_



**MYSTIC  
AQUARIUM**

**This is a required form for camp.**

**We strive to provide your child with the best camp experience possible, but we need your help to do so. Please use this space to tell us how your child learns and interacts with others, and how we can make this an incredible camp experience. Thank you for providing us with this information.**



**This is a required form for camp.**

**2016 YOUTH CAMP HEALTH RECORD FOR CAMPER**

**In place of this form a recent school physical with a signature and current vaccination record are accepted**  
 PHYSICAL EXAMS ARE VALID FOR 3 YEARS FROM DATE OF LAST EXAMINATION

DATE OF EXAM \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates camp will be attended: \_\_\_\_\_

**TO BE COMPLETED BY A MEDICAL PRACTITIONER**

\_\_\_ May participate in all camp activities

\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

\_\_\_\_\_

Is this individual taking a prescription or over the counter medication(s)? \_\_\_ Yes \_\_\_ No

Names of medications: \_\_\_\_\_

**\*\*\*If medications will be taken during camp hours please complete the *Authorization to Administer Medication Form*\*\*\***

**PLEASE ALSO INCLUDE AN EMERGENCY ACTION PLAN FOR ALLERGIES**

Does the camper have allergies?	___ Yes	___ No	Explain:
Is the camper on a special diet?	___ Yes	___ No	Explain:
Does the camper have special needs?	___ Yes	___ No	Explain:

Campers must be up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices. Dates are required.

Vaccination	Yes / No	Dates	Vaccination	Yes / No	Dates
Measles	Yes No		Hepatitis B	Yes No	
Mumps	Yes No		Diphtheria	Yes No	
Rubella	Yes No		Pertussis	Yes No	
Chicken Pox	Yes No		Pneumococcal conjugate	Yes No	
Tetanus	Yes No		Polio	Yes No	

Print name of medical care provider: \_\_\_\_\_

Address of provider: \_\_\_\_\_

**Signature of Physician, PA, APRN, or RN:** \_\_\_\_\_

Date form signed: \_\_\_\_\_ Phone: \_\_\_\_\_

**This form is only required if your child will be taking medication while at camp.**

### **Policy on Acceptance and Administration of Medication for the Mystic Aquarium Summer Camps 2016**

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered.

#### **Acceptance of Medication**

- Medications are to be accepted by a camp staff member who is trained to administer medication, holds the appropriate level of CPR training and First Aid and is assigned to that particular camp.
- Medications must be in the original container with a pharmacy label displaying the child's name, name of medication, directions for medication's administration, and date of prescription.
- Each medication must have an accompanying "Authorization for the Administration of Medication" form provided by the Mystic Aquarium Summer Camp, which has been completed and signed by the prescriber and signed by the parent.
- Each medication must have a "Medication Administration Record" form provided by the Mystic Aquarium Summer Camp completed.
- Medications must be inspected to be certain the requirements have been met. Accepting staff member must then sign and date the *Authorization for the Administration of Medication* and *Medication Administration Record* forms.

#### **Care and Administration of Medication**

- All medication is to be stored in its original packaging.
- Camper may carry emergency medication (Epipen or inhaler) only with written permission of the parent. It must stay with the child at all times. All other approved medications will be carried by Mystic Aquarium camp staff.
- All over the counter medications carried by a Mystic Aquarium staff member will be stored in a locked First Aid Bag. It will remain with the camp at all times. Medication requiring refrigeration will be stored in a refrigerator in a locked bag. The key will be kept by the staff member responsible for administration of the medication.
- Medication can only be administered by a Mystic Aquarium staff member who has been trained and certified to do so.
- After giving medication to the camper, it must be logged onto the *Medication Administration Record*.
- Unused and/or expired medication is to be returned to the legal guardian of the camper upon completion of the camp session. Unclaimed medication will be safely locked and stored, and will be destroyed 1 week after the camp session ends unless claimed by the guardian.

#### **Emergency Action Care Plan**

- Please provide us with an emergency action care plan for your child from the doctor.



This form is only required if your child will be taking medication while at camp.

Authorization for the Administration of Medication 2016 ----- Page 1

MEDICATIONS MUST BE IN ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, NAME OF MEDICATION, DIRECTIONS FOR MEDICATION'S ADMINISTRATION, AND DATE OF THE PRESCRIPTION. All unused medication shall be destroyed if not picked up within one week of the end of that camp.

Authorized Prescriber's Order

(Physician, Dentist, Physician Assistant, Advance Practice Registered Nurse)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

Medication Name: \_\_\_\_\_ Controlled Drug: \_\_ yes \_\_ no

Dosage: \_\_\_\_\_ Method: \_\_\_\_\_ Time of Administration: \_\_\_\_\_

Specific Instructions for Medication Administration: \_\_\_\_\_

Medication Administration: Start Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_

Is this medication to be self-administered by the child? \_\_ yes \_\_ no

Relevant Side Effects of Medication: \_\_\_\_\_

Plan of Management for Side Effects: \_\_\_\_\_

Known Food Allergies?	Reactions To?	Interactions with?
__ Yes __ No	__ Yes __ No	__ Yes __ No

Explain "Yes" from above: \_\_\_\_\_

Prescriber's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescriber's Address: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_

Guardian Authorization: I request that medication be administered to my child as described and directed above while attending camp at the Mystic Aquarium.

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Guardian authorizing administration of medication as described and directed above:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Guardian authorizing administration of medication: \_\_\_\_\_

Signature of Staff receiving written authorization and medication: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Name: \_\_\_\_\_





**This is a required form for camp.**

**DISCIPLINE POLICY FOR MYSTIC AQUARIUM SUMMER CAMPS 2016**

In an effort to ensure that each of our campers have a safe and enjoyable experience we ask that you review our expectations with your camper. Please sign and date this form to indicate that you have reviewed this policy and understand the information given. Questions should be directed to Becky Hirsh at 860-572-5955 ext 158.

**Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Camper Name: \_\_\_\_\_

**Children attending Summer Camp at the Mystic Aquarium are expected to:**

- Be responsible for their actions
- Respect each other and the environment
- Base all interactions on honesty
- Care for themselves and others around them
- Make appropriate choices for themselves

**Behavior which is considered to be unacceptable includes the following:**

- Endangering the health and/or safety of a child, staff member, volunteer or animal
- Entering a building, enclosure, or fenced area without permission
- Stealing or damaging property
- Leaving the program area without permission
- Continuing to disrupt the program in any way
- The use of profanity, vulgar or obscene words and gestures
- Possession of a weapon
- Inappropriate touching of themselves or another child
- Bullying and mocking
- Any action which may make another camper uncomfortable

**The following steps will be taken in the event that an unacceptable choice has been made.**

1. Staff will give a verbal reminder and redirect the camper to a more appropriate behavior.
2. If it continues, staff will have a private discussion with the camper about the behavior. Staff will document the situation and include the problem, possible cause of the problem, and any corrective measures taken. Camp Director will be notified.
3. If behavior persists, the guardian will be notified at the end of the day, or sooner if necessary. Staff and Camp Director will ask for input from the guardian in regards to the behavior. Staff and Camp Director will check back with the guardian at the end of the following day to report on behavior.
4. If a problem persists, or becomes excessive, and the child continues to disrupt the camp program, the Camp Director reserves the right to suspend the child from the program for a period of time which will depend upon the severity of the issue.
5. If a child's behavior threatens the immediate safety of the individual, other children, or staff, the guardian will be contacted and expected to pick up the child immediately.
6. In extreme situations, expulsion from the program will be considered.



**This is a required form for camp.**

## **AGREEMENT AND RELEASE OF LIABILITY 2016**

I, \_\_\_\_\_, hereby acknowledge that  
(parent or guardian name)

\_\_\_\_\_ is voluntarily participating in the  
(participating child's name)

\_\_\_\_\_ Program arranged by Mystic Aquarium, a division of Sea Research Foundation, Inc. (the "Aquarium")

I understand that during my participation (or the participation of my under 18 year old child), I may be exposed to a variety of hazards and risks, foreseen and unforeseen, which are inherent in any program, activity or field trip that involves the use of aquarium facilities or sea-related activities (collectively, a "Program"). This program may involve, but is not limited to hiking, handling and collecting invertebrates and reptiles, field trips to various sites and habitats, wading in the water, playing games outside, and visiting non-public areas at the Aquarium. I further understand that there may not be medical facilities or professional medical personnel present during the conduct of a Program.

In consideration for my acceptance as a participant in a Program provided by the Aquarium, and the services, facilities and equipment provided by the Aquarium, I confirm my understanding that:

- I have read and am familiar with the rules and conditions applicable to my participation in a Program and I understand that my participation is at the discretion of the Instructor.
- The Program begins and ends at locations designated by the Aquarium, and does not include carpooling or transportation to or from such locations, and that I am responsible for transportation and that I am personally responsible for all transportation risks.
- This Waiver Form is intended to be as broad and inclusive as permitted by law. If any provision or any part of any provision of this Waiver Form is held to be involved or legally unenforceable for any reason, the other provisions of this Waiver Form will not be affected and will continue to be binding.

I have read this Waiver Form and I freely and voluntarily assume all risks of Injury to myself and/or my child and freely agree to participate in the Program.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Age of participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Program

If the participant is a minor (under age 18), the parent or legal guardian must sign this Waiver Form.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date



A division of Sea Research Foundation, Inc.

**This is not a required form for camp.**

**SEA RESEARCH FOUNDATION, INC.  
ADVERTISING AND PUBLICITY CONSENT  
AND RELEASE FORM**

**Minor**

I agree and consent that Sea Research Foundation, Inc. (including Mystic Aquarium and Ocean Blue Catering, LLC) and its nominees and assigns may use, in their sole discretion, the likeness and/or photography taken of me, \_\_\_\_\_ **(participant's name)** or any reproduction thereof, in any form, style or color, together with any writing and other advertising material, in connection therewith, including television and including, but not limited to, the use of my name and/or quotations.

This consent and release is given without limitation upon, or liability for, any use for advertising, illustration, publication, broadcast of every kind, or in trade or media, or for any purpose for promotion by Sea Research Foundation, Inc., and its nominees. I further agree that such photography and/or likeness, and the film, tape, plates, and negatives thereof, shall be and remain the exclusive property of Sea Research Foundation, Inc. I further waive any right to inspect or approve the commercial, advertising or publicity material.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ADVERTISING AND PUBLICITY CONSENT AND RELEASE FORM AND I HAVE SIGNED OF MY OWN FREE WILL. This form will be accepted by agents of Sea Research Foundation, Inc. in Mystic, Connecticut, and Connecticut law shall apply to this willful advertising and publicity consent form.

UNDER 18 YEARS OF AGE:

By right of legal authority invested in me, I individually and as father/mother/guardian of the above, consent to the foregoing.

Name of Parent or Guardian (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



**This form is only needed if you choose to purchase camp lunches for a full day camp session.**

**Camp Box Lunch Order Form 2016**  
**Available for all Full Day, 8:30am – 4:00pm camp participants**

**\*\*\*\*\* All orders and payment must be received 1 week prior to the start date of camp. \*\*\*\*\***

**Cost is \$6.00 per lunch. Payable to "Ocean Blue Catering"**

Send Order to: Mystic Aquarium, Attn: Becky Hirsh, 55 Coogan Blvd., Mystic, CT 06355

Camper's Name: \_\_\_\_\_

Date of Camp Session: \_\_\_\_\_

Camp Attending: \_\_\_\_\_

Amount Due: \_\_\_\_\_

All lunches include: Sandwich, Chips, Dessert, and Drink.  
 Sandwiches do not include lettuce and tomato unless requested (no additional charge).

**SPECIAL CONSIDERATIONS (SUBSTITUTIONS MAY BE MADE DUE TO FOOD ALLERGIES):**

**MONDAY**      **DATE:** \_\_\_\_\_

Check One	Sandwich	Check One	Beverage
	Ham & Cheese on Wheat Bread		Water
	Turkey on Wheat Bread		Apple Juice
	Peanut Butter and Jelly on Wheat Bread		Orange Juice

**TUESDAY**      **DATE:** \_\_\_\_\_

Check One	Sandwich	Check One	Beverage
	Ham & Cheese on Wheat Bread		Water
	Turkey on Wheat Bread		Apple Juice
	Peanut Butter and Jelly on Wheat Bread		Orange Juice

**WEDNESDAY**      **DATE:** \_\_\_\_\_

Check One	Sandwich	Check One	Beverage
	Ham & Cheese on Wheat Bread		Water
	Turkey on Wheat Bread		Apple Juice
	Peanut Butter and Jelly on Wheat Bread		Orange Juice

**THURSDAY**      **DATE:** \_\_\_\_\_

Check One	Sandwich	Check One	Beverage
	Ham & Cheese on Wheat Bread		Water
	Turkey on Wheat Bread		Apple Juice
	Peanut Butter and Jelly on Wheat Bread		Orange Juice

**FRIDAY**      **DATE:** \_\_\_\_\_

Check One	Sandwich	Check One	Beverage
	Ham & Cheese on Wheat Bread		Water
	Turkey on Wheat Bread		Apple Juice
	Peanut Butter and Jelly on Wheat Bread		Orange Juice