



Welcome Summer Camp 2012 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 the animals which live there, conservation and local habitats. Our days will be filled with Mystic Aquarium exploration, animal interactions, hands-on activities and field trips for the full day camps.

Morning drop-off will occur in front of the Aquarium admission gates between 8:20-8:30am. A camp instructor will greet you with the sign in sheet. **You must sign your camper in each day.**

Afternoon pick-up will occur in front of the Aquarium admission gates at the times indicated below. Please remember that at pick-up time, an adult will need to show identification and sign your camper out from camp each day.

Extended Day pick-up will occur in front of the Aquarium admission gates at 5:00pm. Please be on time.

Days of the week and times that your camp meets:

To confirm the dates of your camp please see your program confirmation form.

Sea Stars- Monday through Friday 8:30am-11:30am

Sea Lions, Animal World, Ocean Discovery - Monday through Friday 8:30am-4:00pm

Water Adventurers – Wednesday through Friday 8:30am-4:00pm

Mystic River Adventure - Monday through Friday 8:30am-4:00pm (Campers are dropped off at Mystic Aquarium and picked up at Mystic Seaport)

Aqua Camp - Tuesday and Wednesday 8:30am -4:00pm, Thursday 8:30am (overnight)-Friday 8:30am

Aquarium Blast and Fishy Aquarium Science – Monday and Tuesday 8:30am-4:00pm or Thursday and Friday 8:30am-4:00pm

A camp itinerary will be emailed to you prior to the first day of camp. This will let you know what will be studied each day, dates and times of field trips (if applicable), and if any special clothing is needed.

Please note: Sea Stars half-day camp will stay at the Aquarium for the entire camp day and will have snack but not lunch during camp. Aquarium Blast camp and Fishy Aquarium Science camp will stay on site as well.

Please complete all necessary forms (11 pages) and return them at least 2 weeks prior to the start of your camp week. This will allow you to easily check your child in on the first day of camp. All forms are included with this letter and are also available online at <http://mysticaquarium.org/fun-and-learning/camps>.

Please return all forms to: Mystic Aquarium, ATTN: Becky Hirsh ,55 Coogan Boulevard, Mystic, CT 06355
Email: bhirsh@mysticaquarium.org FAX: 806-572-5969

If you would like to purchase 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. Unfortunately we will not be able to accept lunch orders made within 1 week of the start of camp.

If you have any questions please feel free to call (860.572.5955 ext 158) or email Becky at bhirsh@mysticaquarium.org. We look forward to a wonderful summer adventure with your camper.

Sincerely,

Becky Hirsh

Mystic Aquarium Camp Director



This is a required form for camp.

Please print, fill out and return all forms at least 2 weeks 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.

2012 CAMPER INFORMATION

Program Name: _____ Date of Program: _____

Camper's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parents Email: _____

Emergency Contact Information

Parent's/Guardian's Name: _____

Phone: Home _____ Cell _____

Work _____

Doctor's Name: _____ Phone: _____

If a parent 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 Parent/Guardian

Date: _____



This is a required form for camp.

2012 YOUTH CAMP HEALTH EXAM /RECORD FOR CAMPERS

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 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*.*****

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

This Camper is 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:

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

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

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 (HealthCare Provider) 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.



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

Authorization for the Administration of Medication ----- 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: _____

Parent/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: _____

Parent/Guardian authorizing administration of medication as described and directed above:

Name: _____ Relationship to Child: _____

Address: _____

Signature of Parent/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 2012

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

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 are steps which will be taken to ensure all campers have an enjoyable experience.

If an unacceptable choice is made an initial verbal reminder will be given. If the behavior is not resolved these steps will be taken:

1. Staff will redirect the camper to a more appropriate behavior.
2. Staff will have a private discussion with the camper about the behavior if it continues.
3. Staff will document the situation and include the problem, possible cause of the problem, and any corrective measures taken. Camp Director will be notified.
4. If behavior persists, parent/guardian will be notified at the end of the day. Staff and Camp Director will ask for input from the parent /guardian in regards to the behavior.
5. Staff and Camp Director will check back with parent/guardian at the end of the following day to report on behavior.
6. 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 agreed upon with the parent/guardian.
7. If a child's behavior threatens the immediate safety of the individual, other children, or staff, the parent/guardian will be contacted and expected to pick up the child immediately.
8. In extreme situations, expulsion from the program will be considered.

Parents Signature: _____ **Date:** _____

Childs Name or Signature: _____ **Camp:** _____



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AGREEMENT AND RELEASE OF LIABILITY

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 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 Parent/Guardian

Date



This is 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. (Mystic Aquarium, Institute for Exploration and Immersion Learning) 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
Available for all Full Day, 8:30am – 4:00pm camp participants

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

Cost is \$5.50 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).

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

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



This is a required form for camp.

This page was intentionally left blank. Please include any information you would like to tell us in regards to your child's health, diet or behavior.