



Dear Parents,

Welcome to MSA's SEA Summer Day Camp. We are so excited to have your child with us for the week. We trust that this will be both an enjoyable and educational time for your child. In order to make this the safest and best possible experience for both you and your child, you will find some important information and policies enclosed in this letter.

The camp director will be at camp daily and will be available after camp to answer any questions you may have. In case of an emergency during camp, call the director at 310-367-8005. Please bear in mind, however, that MSA staff will be involved in activities with the children throughout the day and if they have to spend excess time answering calls, it will take away from your child's experience.

Our Summer Day Camps are being held at a new location this year!! We will be at the Back Bay Science Center at Shellmaker Island. Please review enclosed directions. Camp hours are from 9 a.m. until 3:30 p.m. daily. Parents who are late picking up their children will be charged \$1.00 for each minute they are late. After-camp-care is available, but your child must be registered for this in advance.

Your child will NOT be released to anyone who is not on our "Child Release Authorization Form." (No exceptions please). This is for your child's own protection and safety. Please have your I.D. ready to show the instructor when you come to pick up your child from camp. Please note that there will be no visitors allowed during the day while camp is in session.

Your child will be involved in different water activities throughout the week as well as open waterfront time so please make sure they bring plenty of waterproof sunscreen and appropriate clothing (including water shoes). Also, make sure you send your child a healthy sack lunch (with his or her name on it) Monday through Friday.

Please review carefully the enclosed list of what your child needs to bring to camp. We hope these items will make camp comfortable and even more enjoyable for your child. Also enclosed with this letter are MSA's Discipline Policy, Child Release Authorization, Liability Waiver and Health History forms. **Do not mail these forms to our office. Please bring the forms with you on your first day of camp. Without these forms, your child will not be allowed to stay at camp.** If you should have any questions, please do not hesitate to call our office at (310) 427-7845.

Once again, thank you for choosing to make MSA a part of your child's summer vacation. We are looking forward to getting to know you and sharing our love of the ocean and marine life with a budding marine biologist.

Sincerely,

MSA Staff

P.S.: Rain does not cancel the program!!!

**Mountain and Sea Educational Adventures**  
**P.O. Box 950 San Pedro CA 90733**  
**Phone: 310-427-7845 Fax: 310-684-5685**  
**email: [info@mountainandsea.org](mailto:info@mountainandsea.org) website: [mountainandsea.org](http://mountainandsea.org)**

## List of Things To Bring

Lunch and an afternoon snack labeled with child's name (*Please remember food-safety precaution*)

Complete change of clothes (Clothes must have child's full name)

Regular shoes

Sweatshirt

Bathing suit

Water shoes (very important!)

Undergarments

Plastic bag for wet clothes

Towels

Sunglasses, hat

Waterproof sunscreen lotion

**Water**

**Water bottle**

Backpack

8 ½" x 11" spiral notebook

Pencil

## DIRECTIONS TO SHELLMAKER ISLAND

The Marine Studies Center is located at Shellmaker Island, 600 Shellmaker Road, Newport Beach, CA 92660. There will be a sign posted on where to meet for camp.

To get to Shellmaker Island from North Orange County, take the 405 or 55 Freeway south to the 73 Freeway. Exit the 73 Freeway at Jamboree. Turn right on Jamboree and go about 3 miles until you get to Back Bay Drive (just past the Hyatt Newporter and just before PCH). Turn right on Back Bay Drive and go about 1/2 mile until you see the Ecological Reserve. Turn left on Shellmaker Road, go through the gate, park and come to the Marine Studies Center in front of you.

To get to Shellmaker from South Orange County via the 405 Freeway, exit the 405 at Jamboree and turn left on Jamboree. After about 2 miles you will pass over the 73 Freeway. Follow the North Orange County directions from there.

To get to Shellmaker from South Orange County via the 73 Freeway, exit the 73 at University and turn left on University. Go about 1/2 mile until you get to Jamboree. Turn left on Jamboree and follow the North Orange County directions from there.

# MSA SCIENCE CAMP'S CAMPER HEALTH HISTORY

CAMPER'S NAME:

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LAST

FIRST

MIDDLE

BIRTH DATE:

	SEX:		AGE:	
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PARENT, GUARDIAN (OR SPOUSE):

	PHONE:	(    )
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HOME ADDRESS:

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NUMBER AND STREET

CITY

STATE

ZIP CODE

PHONE

NUMBER

BUSINESS ADDRESS:

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NUMBER AND STREET

CITY

STATE

ZIP CODE

PHONE

NUMBER

EMERGENCY CONTACT:

	PHONE:	(    )
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IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

	PHONE:	(    )
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## ***HEALTH HISTORY***

*If anything on this list applies to the camper, please fill it in with date and occurrence, if possible.*

Hypertension		Insect Stings		Others:	
Asthma		Frequent Ear Infections			
Bleeding/Clotting Disorder		Hay Fever			
Convulsions		Phobia's			
Diabetes		Heart Defect or Disease			

Have you had any serious injuries? Explain:

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## CAMPER HEALTH HISTORY

DO YOU HAVE ANY DISABILITIES?

DO YOU HAVE A RECURRING ILLNESS?

DO YOU HAVE ANY FOOD ALLERGIES OR DIETARY REQUIREMENTS?

ARE THERE ANY ACTIVITIES WHICH SHOULD BE LIMITED DUE TO A PHYSICIAN'S ADVICE?
SNORKELING, KAYAKING, HIKING?

ARE YOU TAKING ANY MEDICATIONS CURRENTLY? IF YES, SEND DETAILED INSTRUCTIONS!

ANYTHING ELSE OF A MEDICAL NATURE THAT WE SHOULD BE AWARE OF? EXPLAIN:

NAME OF FAMILY PHYSICIAN:		PHONE NUMBER:	(    )	DATE OF LAST PHYSICAL	
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DO YOU CARRY INSURANCE?	INSURANCE CARRIER:
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**IMPORTANT:** The following must be completed or attendance will be denied. To the best of my knowledge the health information given here is accurate and the camper described has permission to engage in all camp activities with the exception of the written notices above.

**EMERGENCY AUTHORIZATION:** I do hereby give permission to the medical personnel selected by the Camp Director to order X-ray, routine tests and treatment for the camper or campers named above. This form may be photocopied for use of camp.

Signature of Parent/Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_  
 Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my camp activities!\*\*

## Mountain and Sea Educational Adventures Waiver of Liability

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Mountain and Sea Educational Adventures, its director, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned and all his or her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in anyway involved in or participating in any programs organized by or affiliated with Mountain and Sea Educational Adventures.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the undersigned or such children in anyway participating in, observing or engaging in any programs organized by or affiliated with Mountain and Sea Educational Adventures whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasee or otherwise while in anyway participating in, observing or engaging in any program organized by or affiliated with Mountain and Sea Educational Adventures.

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. THE UNDERSIGNED agrees to allow Mountain and Sea Educational Adventures to film and/or photograph the undersigned's child or children, which shall be used solely for marketing purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statement or inducement apart from the foregoing written agreement have been made.

I have read this release:

=> SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent or Guardian

NAME OF CHILD IN THE PROGRAM: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

**DATES OF SESSIONS:** \_\_\_\_\_ *This*  
*must be read completely and signed in order for your child to participate.*

## Child Release Authorization Form

For your child's safety, MSA will only release your child from camp to the individuals listed on this form. This is for your child's own safety and protection. In order to sign your child out of camp, anyone on this list picking up your child ***must provide current identification.***

**Child's Name:**

\_\_\_\_\_

I, \_\_\_\_\_, authorize the following people to pick up my child from camp:

*(Please include yourself if you will be picking your child up from camp)*

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

I.D. #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

I.D. #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

I.D. #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

I.D. #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *MSA Discipline Policy*

We are looking forward to a fantastic time at camp. In order to run a smooth camp and to ensure a safe environment for all, the following behaviors can result in your child's dismissal.

1. Fighting
2. Stealing
3. Possession of illegal substances
4. Possession of weapons
5. Refusal to obey camp rules
6. Behavior that would put other campers at risk

I, \_\_\_\_\_, understand that any misconduct resulting from the above will result in my child's immediate dismissal at my own expense.

Parent or authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's signature \_\_\_\_\_ Date \_\_\_\_\_