



REGISTRATION FORM (please print)

Child's Full Name: _____ Parent/Legal Guardian's Name: _____

Address: _____ City, State, and ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email(s): _____

Age of Child: _____ Birth Date: _____ School Grade (2007-2008): _____

Parent/Guardian's Place of Employment & Address: _____

Please provide emergency contact names and phone numbers.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Camper Information:

Should we be aware of any **medication** that your child takes on a regular basis? Yes No

If yes, please list: _____

Should we be aware of any **medical condition** that your child has? Yes No

If yes, please explain: _____

Does your child have any known **allergies**: Yes No

If yes, please explain: _____

Is it permissible to give your child Children's Tylenol if needed?
 Yes No

Camp Sessions:

Please indicate 1st, 2nd, 3rd choices

____ June 9-13* ____ June 23-27*[♦] ____ July 14-18[♦]
____ June 16-20* ____ July 7-11[♦] ____ July 21-25

*Ages 10-12 available *ONLY* the weeks of June 9, 16, and 23

[♦]Ages 13-14 available *ONLY* the weeks of June 23, July 7 and 14

Times: 8:30 a.m. until 3:30 p.m.

Cost per week:

Includes Sea Camp t-shirt, individual and group photographs, all instructional costs/materials, field trip transportation, admission fees and art supplies.

6-7 year-old campers: \$210 **13-14 year-old campers:** \$275

8-12 year-old campers: \$235

A \$25 NON-REFUNDABLE pre-registration deposit is required. The deposit will be applied toward total due. Registration balances are due no later than 9 a.m. on Monday of the week the camper is enrolled.

Parents' Certification for Participation: *Note: required for ALL students. Registration will be VOIDED without signature.*

This is to certify that as the parent or legal guardian of the above-indicated student, I give my permission for his/her participation in the 2008 Sea Camp. I further certify that I release from any and every liability, claim, right of action of any kind or nature which my child or legal representative may have for any and all bodily or personal injuries or property damages or any other damages resulting there from which might occur during participation in this program.

Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian's Signature: _____

Date: _____

In addition, I DO I DO NOT give permission for my child to be photographed or videotaped during Sea Camp for educational, promotional or other non-commercial purposes.

Parent/Legal Guardian's Signature: _____

Please sign and return with check payable to Gulf Coast Research Laboratory at the following address:

J.L. SCOTT MARINE EDUCATION CENTER

Attr: Sea Camp 2008

Gulf Coast Research Laboratory

703 East Beach Drive • Ocean Springs, MS 39564