



~ **Buccaneer Adventure Camp** ~  
A Maritime TallShip Program  
2011

Dear Parents,

Welcome to the Ocean Institute's ~**Buccaneer Adventure Camp**~. During this exciting program, your child will set a course for adventure as we go back in time to the Golden Age of Sail, to a world of wooden ships, buried treasure and yes... pirates! Learn what life was like for sailors and pirates at sea and experience the lost arts of the mariners. Each day is filled with activities that challenge young sailors including fun crafts, sail handling, rowing, story telling, treasure hunts, encountering historic characters from the past, and even going up the mast in a boatswain's chair. Young lads and lasses may even cross paths with other pirates during the week! Adventures are dockside aboard the tallship *Pilgrim*, Baby Beach grass park, and in the Maritime Learning Center.

***“Buccaneer’s Adventure Camp is not a typical summer camp. It is a unique combination of dynamic experiences, a teambuilding adventure, a discovery of history, and above all, a fun camp.”***

Each participant should wear comfortable clothing appropriate for the day's weather. Closed-toed and closed-heeled shoes are required at all times while at the Ocean Institute. All students should bring a snack, sack lunch, bottle of water, jacket, hat, and sunscreen in a backpack or bag every day. Make sure student's names are on everything including the water bottle. A snack is provided every day, but feel free to pack your child a snack if you are concerned about allergies or dietary restrictions.

Check-in is between 8:30 a.m. and 9:00 a.m. on Monday and 8:45 a.m. and 9:00 a.m. the rest of the week. Pick-up is at 4:00 p.m. and no earlier than 3:45 p.m. without letting us know in advance. **Please note that there will be no adult supervision before 8:45 a.m. or after 4:15 p.m.** For the safety of your child, picture identification is required for pick-ups. In addition, for anyone to pick up your child **including the parent or guardian**, you must complete the enclosed authorization form.

We have included the following forms in this packet:

- Acknowledgement of Risk
- Student Medical Form
- Administration of Medication
- Release of Camper

There must be a completed **Medical Form, Acknowledgement of Risk, and Release of Camper** form for each child attending this program. If your child requires any prescription or over-the-counter medication during the day, you must have the Administration of Medication form(s) completed by your doctor. The medication must be in the original container with clear instructions on both schedule and dosage. Please call if you have any questions. These forms can be turned in at the Ocean Institute front desk until the Friday before your camp week, or brought in during the check-in process on the first day of camp.

During registration on the first day of camp we will ask you to identify your primary phone number so that we can quickly reach you in event of an emergency. Ocean Institute instructors are all certified in CPR and first aid. Our staff will treat accidents or illness that require first aid. In the event of a major accident, we will dial 911. This includes, but is not limited to, any accident where your child experiences a loss of consciousness,

has major bleeding, or has possible broken bones. Depending on the nature of the incident, we will apprise you via phone or in person during check out. If it appears that your child has an illness or injury that is not an emergency, but possibly should be seen by a doctor, we will contact you immediately.

Please remember that this camp is for children from seven to eight years old. Your child must be at least nine years old before September 1, 2011. If your child does not meet this age requirement, you must cancel your reservation at least 10 days before the program starts in order to receive a refund. If you have any questions about the Ocean Institute refund policy, please call as soon as possible.

Similar to the policy followed by schools, the Ocean Institute prohibits campers from bringing any of the following to camp: electronic devices such as iPods or electronic games; sports equipment, including skateboards, boogie boards and surfboards; knives or any other weapons; alcohol; non-prescription drugs, and illegal drugs or substances. Cell phone use is prohibited during camp hours. Please be aware that pets are not allowed on campus. We highly discourage parents from sending any valuable personal belongings with their child. The Ocean Institute is not responsible for the loss or damage of any item.

We are looking forward to sharing an exceptionally fun and educational experience with your child this summer. If you have any questions, please e-mail me at [sburgart@ocean-institute.org](mailto:sburgart@ocean-institute.org), or you can call (949) 496-2274, extension 217.

Sincerely,

Sarah Burgart  
Maritime Coordinator  
Dockside and Summer Camp Programs

**Activities by Day:**

Activity schedule is subject to adjustment (subject to wind, weather, tides and the whims of the Captain!) – you will be notified the week of your camp of any activity schedule changes. Tall ship *Pilgrim* is home base for this camp - most activities will take place aboard. Some activities will take place in the Maritime Center, on the dock, at the beach, and inside the Ocean Education Center.

**Monday – Become a Buccaneer**

- Check-in (*Pilgrim* Pier)
- Camper Introductions
- Shipboard Exploration
- Sailor Speak and Games
- *It's a Sailor's Life*
- StoryTime in the Hold
- Bosun chair

**Tuesday – Lost At Sea**

- Beach Combing & Survival
- Fort Defense Challenge
- *Lay Aloft and Furl!* Survival in a Storm
- Crabbing
- Long Boat Ride in the Harbor

**Wednesday - Myths and Legends**

- Mermaids, Superstitions and Ghost Ships
- Ocean Institute Exploration
- Become a Sea Monster!
- StoryTime in the Hold
- Arts of a Sailor
- *Shipboard Activity*

**Thursday – Wind & Sails**

- How-it-Floats
- Line and Sail Handling
- StoryTime in the Hold
- Become a Sea Monster
- Music & Songs of the Sea
- Build Your Boat

**Friday – A Pirate's Life**

- Float Your Boat
- Shipboard Team Activities (bucket brigade and swabbing)
- StoryTime in the Hold
- Meet A Pirate (and picture at helm)
- Treasure Hunt
- Conclusion and Certificates

# ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury, and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsize, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend and Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers, and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

Program Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

## Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

## Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

If you attend any Ocean Institute activities, and/or if others under your care attend any Ocean Institute activities, then by checking the box below you, on behalf of yourself and such other persons, shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos taken of me and others under my care by the Ocean Institute for its promotional purposes.

As the Parent/Guardian, I have read and agree to the statements made on this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## STUDENT MEDICAL FORM

### PLEASE PRINT CLEARLY

I/We, the parent(s) or guardian(s) of the participant named below, wish to register my/our child in the Ocean Institute's Program.  
Dates attending \_\_\_\_\_ to \_\_\_\_\_.

Participant's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

In case of emergency, please notify: Parent(s)/Guardian(s)  
Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ \*Business Number (\_\_\_\_) \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Social Security Number \_\_\_\_\_  
\_\_\_\_\_

Alternate Person in case of emergency, please notify: \_\_\_\_\_ at (\_\_\_\_)  
\_\_\_\_\_

Name/Phone number of Family Physician  
\_\_\_\_\_

Name/Number of family medical insurance carrier \_\_\_\_\_

\* For Medical Insurance Claims only

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### PARTICIPANT HEALTH INFORMATION

1. Does the participant have any physical or medical conditions or restrictions? Yes \_\_\_\_ No \_\_\_\_

If so, please describe: \_\_\_\_\_

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If your child has a special medical or physical condition, your physician should understand that the participant will be away from home for two full days. Please have your physician write a note indicating agreement that the participant is fit enough to fully participate in the program and to also include any special instructions.

2. Is your child subject to any of the following? Please circle:

Homesickness      Sleepwalking      Bed wetting (send extra bedding)      Car/motion sickness

3. Does your child have any dietary requirements or restrictions? Yes \_\_\_\_ No \_\_\_\_

If so, please describe: \_\_\_\_\_

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4. Does your child have any allergies that may be of concern? Yes \_\_\_\_ No \_\_\_\_

If so, please describe the severity: \_\_\_\_\_

5. Has the participant recently been ill or exposed to any communicable diseases? Yes \_\_\_ No \_\_\_

If so, please explain: \_\_\_\_\_

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## 6. MEDICATION

In order for your child to receive any prescription medication during the program, an **ADMINISTRATION OF MEDICATION** form must be completed by a parent or guardian and your child's physician. For prescription medication, a form must be completed for each medication prescribed for the period your child will attend the program. The prescription container must be clearly labeled with the following information:

- |                            |                     |                             |
|----------------------------|---------------------|-----------------------------|
| a. Participant's full name | b. Physician's name | c. Physician's phone number |
| d. Name of medication      | e. Dosage           | f. Expiration date of Rx.   |

Each medication must be in a separate container.

In order for your child to **bring** and receive any non-prescription medication (headache remedies, upset stomach remedies) during the program, an **ADMINISTRATION OF MEDICATION** form must be completed by a parent or guardian and your child's physician. Any non-prescription medication you send with your child must be in the original container and clearly labeled with your child's name. **No child will be allowed to take any non-prescription medication unless this form is completed, with a physician's signature.**

*If your child is under a doctor's care for an acute or chronic condition, your physician should understand that the child will be away for two or more days. Any special instructions should be attached to this form.*

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## AUTHORIZATION AND CONSENT FOR PARTICIPANT TREATMENT

1. Parents will be notified immediately when a child becomes injured or seriously ill, and aid will be according to the parent's wishes. Arrangements will be made with the parent(s) to pick up their child if desired.
  2. A child will not be released during the program to anyone other than parent or guardian except on written or verbal request by the parent or guardian.
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3. I/We \_\_\_\_\_ do hereby authorize the Ocean Institute staff as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the California Medical or Dental Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of Civil Code of California. This authorization shall remain in effect until \_\_\_\_\_ (date) unless revoked sooner in writing and delivered to said agents.

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Signature of Adult Participant or Parent/Legal Guardian of Child

Date

**-- OR --**

**If it is desired that no medical treatment be given to the participant, please provide the necessary instruction and sign here.**

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Signature of Adult Participant or Parents/Legal Guardian of Child

Date

## **ADMINISTRATION OF MEDICATION, PAGE 1**

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

Dates Attending \_\_\_\_\_

The nature of the program requires that all children participate in a variety of learning and social activities involving vigorous walking and hiking. Standardized, well-balanced meals are provided.

It is understood that the Ocean Institute is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Ocean Institute and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgment arising out of these arrangements which may be rendered against them.

### **INSTRUCTIONS**

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

### **Part I: Prescription Medication**

#### **MEDICATION 1**

Diagnosis \_\_\_\_\_ Date of Examination \_\_\_\_\_

Medication Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

#### **MEDICATION 2**

Diagnosis \_\_\_\_\_ Date of Examination \_\_\_\_\_

Medication Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**ADMINISTRATION OF MEDICATION, PAGE 2**

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

Dates Attending \_\_\_\_\_

**Part II: Non-Prescription Medication**

**MEDICATION 1**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 2**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 3**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_



**RELEASE OF CAMPERS**

Parents have entrusted us with their most precious possession – their children. We must do all we can to provide them the best care while they are our responsibility. Therefore, the following guidelines are intended to avoid any problems with the release of campers during the camp program.

1. All campers are to be released only to an authorized person. Parents/guardians must complete and sign a form (see below) authorizing release of the camper to anyone other than the custodial parent or legal guardian. Identification will be required for release of campers to other authorized persons.
2. Authorized persons are to be directed to Ocean Institute camp staff to sign their camper out.
3. If a custodial parent requests that a camper not be signed out to a non-custodial parent, such a request must be in writing.
4. When a last-minute change occurs in who will be picking up a camper, the new instructions are to be verified with the camp director from an authorized person.
5. No camper may leave camp at any time without prior authorization from the custodial parent and the camp director.

**No-Shows/Absentees**

To be sure that campers have not unexpectedly disappeared, the following procedures will be implemented if a camper does not appear at a pick-up point or at camp when expected:

Day campers are to be checked in and out each day on the appropriate form. Parents are asked to notify the camp if a child is ill or will not be attending as expected. Camp personnel will attempt to call parents/guardians and/or emergency contacts if campers are not signed in as expected.

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**Authorized Release of Camper**

Camper \_\_\_\_\_ Program Date \_\_\_\_\_

I hereby authorize the following persons to pick-up my child from camp:

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

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

Signature of Custodial parent/guardian : \_\_\_\_\_

Date signed: \_\_\_\_\_