



~ **Pilgrim Parent/Child Overnight Camp** ~

Dear Parents and Participants,

Welcome to the Ocean Institute's ~**Pilgrim Parent/Child Overnight**~ camp. Modeled after our award-winning living-history programs, this exciting camp gives the opportunity for parents to share a unique and dynamic experience with their child while creating a forever memory! This animated 'voyage around Cape Horn,' based on Richard Henry Dana's novel Two Year's Before the Mast, will take you back in time in time as you partake in a variety of shipboard activities including, rowing in the harbor, raising sail, going up the mast in a boatswain chair, singing chanteys, and listening to seafaring stories from the captain! Hearty meals are included.

Participants (staff, parent and kids alike!) will assume the roles of characters from the days of the California hide trade. On board, we have the stern but fair captain, the strict, orderly first mate, the scurvy and lazy second mate, and the superstitious ship's cook (known as 'the doctor.')

The program begins at three in the afternoon when the first mate is sent ashore to find a crew. As there are no "experienced" sailors available he is willing to train green hands for this *perilous* journey. Your part is to play the part of these green hands. We will teach you everything that you need—the vocabulary, the skills, and the lore of the sea. All you need to do is to pretend it is the year eighteen thirty-four and act like a sailor in need of work on the docks of Boston Harbor! Shipboard activities are conducted while safely at dock.

**List of items to bring:**

- Sleeping bag
- A change of clothes (including socks and shoes)
- Warm clothes, including jacket and hat
- One hearty cup, bowl, and spoon

Similar to the policy followed by schools, the Ocean Institute prohibits participants from bringing any of the following to our parent/child overnight: 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 program hours. Please be aware that pets are not allowed on Ocean Institute facilities. We highly discourage participants from bringing any valuable personal belongings. The Ocean Institute is not responsible for the loss or damage of any item.

Each participant's gear must fit into one large plastic trash bag with name on it.

**What to Wear:**

We ask that participants wear closed-toed, closed-heeled, rubber soled shoes, and clothing appropriate to a working sailing ship (i.e. no dresses, skirts or high heels.) Sunscreen and hat are a necessity for the afternoon portion of the program.

Check-in is between 1:45 PM and 2:30 PM at the Ocean Institute Maritime Center (by the brig ***Pilgrim***.) Staff will meet you, give you your nametags and assign you and your group to one of four crews. 2:30 PM to 3:00 PM will be a brief orientation prior to the official start of your adventure. At this time you will be informed in greater detail about the program roles and activities (don't want to give away too much too soon!).

### **Forms and Information**

We have included the following mandatory forms in this packet:

- Acknowledgement of Risk form
- Medical form
- Administration of Medication forms

We have also included some recommended preparation materials to review in order to enhance your experience:

- Basic Vocabulary
- Staff "Character" overview
- Historical Overview

### **Age Requirements**

Please remember that the child age requirement for this program is eight to ten. Your child must be at least eight years old before September 1, 2011 (sorry, no exceptions). 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.

Our staff looks forward to sharing an exceptional educational and super-fun experience with you and your family. If you have any further questions about any aspect of our program, please contact me at 949-496-2274 ext. 217.

Sincerely,

Sarah Burgart  
Maritime Coordinator  
Dockside and Summer Camp Programs

# 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

**ADULT MEDICAL FORM**

Name \_\_\_\_\_

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

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Closest Relative (to notify in the event of an emergency)**

Name \_\_\_\_\_

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

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Additional Emergency Contact**

Name \_\_\_\_\_

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

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Insurance Information**

Medical Insurance Group Name and Number \_\_\_\_\_

**Additional Information**

Do you have any physical or medical conditions or restrictions?

If yes, please explain \_\_\_\_\_

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

Do you have any allergies? Please specify \_\_\_\_\_

Do you regularly take any prescription medications? Please specify \_\_\_\_\_

\_\_\_\_\_



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

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

- 6. Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, will your child carry a rescue inhaler during the camp session? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, does your child need staff help to use that rescue inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, what triggers your child's asthma? \_\_\_\_\_

7. Immunization History:

Is your child fully immunized against diphtheria, tetanus, pertussis (DTaP or Tdap); mumps, measles, rubella (MMR); polio (IPV)? Yes \_\_\_\_\_ No \_\_\_\_\_

Date (month & year) of your child's most recent tetanus immunization \_\_\_\_\_

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

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

- 8. Does this child take medication are a routine basis? Yes \_\_\_\_\_ No \_\_\_\_\_

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, and the medication is sent to the program with the teacher-in-charge.**

**9. What have we forgotten to ask?** Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

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

**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.

Camper's Name: _____
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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.

\_\_\_\_\_  
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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Participant or Parents/Legal Guardian of Child

\_\_\_\_\_  
Date

Camper's Name: _____
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**ADMINISTRATION OF MEDICATION, PAGE 1**

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 \_\_\_\_\_

Camper's Name: _____
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**ADMINISTRATION OF MEDICATION, PAGE 2**

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 \_\_\_\_\_