~ Buccaneer Adventure Camp ~
A Maritime Tall Ship Program
Summer 2016

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. Adventures dockside are aboard the tall ship Pilgrim, at Baby Beach park, and in the Maritime Learning Center. The young buccaneers will also explore the ocean and search for sea creatures one morning aboard the R/V Sea Explorer. The buccaneers complete their adventure with “dress like a pirate day”!!

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 bottle of water, jacket, hat, and sunscreen in a backpack or bag every day. Make sure students’ names are on everything including the water bottle. Please provide your child with food for all day. This includes a lunch and two snacks. Due to many children having food allergies, make sure your child knows he/she should not share food with other campers.

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; animals/pets; 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.

The Ocean Institute camps are intended to be an educational and fun experience for your child. Our child management policy is in place to ensure your child and others have a positive camp experience. We expect our campers to behave in an appropriate and safe manner that would be acceptable in school. You may be contacted if your child is not meeting our behavioral expectations. We have a zero tolerance policy for bullying and physical violence. Violation of safety rules is unacceptable and will be dealt with in accordance with our child management policy. Every effort will be made to work with you and your child to meet these expectations.

Buccaneer Adventure Camp takes place at the Ocean Institute, located at 24200 Dana Point Harbor Drive in Dana Point, CA. When dropping off or picking up your child, you may park in the Ocean Institute’s main parking lot or in one of the satellite lots. Please obey all speed limits and traffic signs while parking and be careful of pedestrians. On Monday, check in is between 8:30 a.m. and 9:00 a.m. and will be located at the Pilgrim Pier, located at the northeast corner of
the Ocean Institute parking lot. During the rest of the week, check-in will occur between 8:45 a.m. and 9:00 a.m. Pick-up from the camp room is from 4:00 p.m. to 4:15 p.m. If you must pick up sooner you need to make arrangements with camp staff in advance. **Please note that there will be no adult supervision before 8:45 a.m. or after 4:30 p.m.** For the safety of your child, **anyone** picking up, including parents or guardians, must be listed on the Release of Camper form (enclosed) and have his/her picture identification to show to staff each day.

We have included the following forms in this packet:
- Acknowledgement of Risk
- Student Medical Form
- Administration of Medication
- Release of Camper
- Camp Schedule
- Activity Information Acknowledgement

There must be a completed **Medical Form, Acknowledgement of Risk, Activity Information Acknowledgement, 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 the event of an emergency. Ocean Institute instructors are all certified in CPR and first aid. Our staff will treat accidents or illness that requires 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 may 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. Our facility does not have an infirmary, doctor, or nurse on site. If your child has any special medical needs, please contact the Director, Linda Blanchard, at (949) 496-2274 extension 314.

Please remember that this camp is for children from seven to eight years old. **Your child must be at least seven years old before September 1, 2016.** If your child does not meet this age requirement, you must cancel your reservation at least fifteen 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.

We are looking forward to sharing an exceptionally fun and educational experience with your child this summer. If you have any questions regarding any aspect of this program, please feel free to contact me at the Ocean Institute at (949) 496-2274, ext. 314.

Sincerely,
Linda Blanchard
Director of Laboratory Programs
lblanchard@ocean-institute.org
Buccaneer Adventure Camp
Summer 2016

Monday: Become a Buccaneer!

AM Bosun’s Chair, Arts & Crafts, and rowing at the dock

12:30 – 1:30 Lunch

PM Shipboard Exploration on Pilgrim, learn gunnery, and Arts & Crafts

Bring: completed forms, lunch, snacks, water bottle, hat, sunscreen

Please wear closed-toed, closed-heeled shoes

Tuesday: Lost at Sea: Adventures of Sail

AM Learn how to survive stranded on an island, Arts & Crafts and rowing in the Harbor

12:30 – 1:30 Lunch

PM Learn to climb aloft and Arts & Crafts of the sailor

Bring: lunch, water bottle, snacks, hat, sunscreen

Please wear closed-toed, closed-heeled shoes

Wednesday: Wind & Sails: Friends at Sea

AM Raising the Staysail, sailing races on the Pilgrim Pier and experimenting with buoyancy

12:00 – 1:00 Lunch

PM Swabbing the deck, Arts & Crafts, and stories of the pirates

Bring: lunch, water bottle, snacks, hat, sunscreen

Thursday: Myths & Legends

AM Sea Life Cruise on the R/V Sea Explorer

12:30-2:00 Lunch & Movie!

PM Arts & Crafts and Sea Monster Hunt

Bring: jacket, lunch, water bottle, hat, snacks, sunscreen

Please wear close-toed, closed-heeled shoes

Friday: It’s a Pirate’s Life

AM Arts & Crafts, moving cargo and meet a Pirate!

12:30 –1:30 Lunch

PM Treasure Hunt, Arts & Crafts and halyard Races

Bring: lunch, drink, hat, snacks, sunscreen, dress like a pirate!

Please wear closed-toed, closed-heeled shoes

Note: Camp starts at 9:00 AM and ends at 4:00 PM each day. This is a tentative schedule and is subject to change. Activities may be modified to accommodate changes in tides, weather, or surf conditions.
Activity Information Acknowledgement

Buccaneer Adventure Camp

The Ocean Institute camps are American Camping Association accredited and a requirement for this year is a signed Activity Information Acknowledgement form. This information is to make sure parents/guardians are aware of what their child will be doing in camp. By enrolling your child in this camp you are giving them permission to participate in these activities. With your registration information you should find a parent letter and a schedule for the camp your child is attending. These details will help answer some of the questions we are often asked. The Ocean Institute is very safety conscious and works hard to make your child’s camp experience the safest possible, but there is always a potential for injury. We hope the information below will help you understand some of the activities at camp so your child will have a fun and unforgettable experience!

Campers participate in a variety of hands-on activities with our instructors that range from typical classroom projects such as arts and crafts, to learning the ropes and handling lines on the Pilgrim. While the Ocean Institute makes every effort to create a safe and fun learning environment, there are some activities that might need explanation:

**Activities on the Brig Pilgrim:** The brig Pilgrim is a tall ship built in 1945. It is the Buccaneer Adventure Camp’s home base through the week. The Brig is a fully functioning sailing ship, and therefore has equipment, lines and rooms dedicated to this function. These areas are marked and off-limits to the students. Like any wooden ship, the deck can be slippery, and parts may have exposed or rough wood. There is a safety rail around the entire vessel and campers are monitored at all times while on the vessel.

**Outside Activities:** Some activities, boat, lunch, and field trips will occur outside. In the summer this usually means in the sun. We do provide shade for some but not all activity areas. The Ocean Institute recommends that sunscreen be applied in the morning before camp and the campers will be asked to reapply sunscreen during the day. Your child will be responsible for applying the sunscreen to themselves and may ask for another camper’s help. The Ocean Institute staff or volunteers are not allowed to apply sunscreen by hand.

**Activities on the Dock and Pier:** We are excited to incorporate our new Maddie James Seaside Learning Center into this year’s summer camps. This new facility will not only provide better docking facilities for our boats, but has learning facilities where students can get more hands-on with many of the techniques and technologies used by scientists. Students are supervised at all times and the facilities have rescue equipment readily available.

**Going up the Mast in the Bosun’s Chair:** The campers will be lifted 8 – 10 feet off the deck in a traditional ship’s bosun’s chair. The chair will have a safety line attached to it manned by an instructor or trained summer camp volunteer. The campers will be supervised by an instructor.

**Learning Gunnery:** The campers will practice the arts of the 1800’s gunner aboard the Brig Pilgrim’s quarterdeck. Under the supervision of instructors, campers will use an unloaded replica cannon and gunnery tools to explore how ships defended themselves.

**Rowing the Long Boats in the Harbor:** The Buccaneer Adventure Camp utilizes traditional long boats for rowing purposes. All campers and instructors will be required to wear a lifejacket while in the long boat. A lifeguard in a motorized boat with a first aid kit, radio and life-saving equipment will be monitoring the activity from the water. Campers will practice rowing one day and then apply their skills in the harbor near the Pilgrim.

**Laying Aloft on the Practice Yard:** In the Maritime Center, the campers will climb onto the foot ropes of a replica yard. The foot ropes are 1-4 feet off the ground and there is a minimum risk of falling. There are gymnastics mats under the yard and the campers are supervised at all times.
Moving Cargo with the Cargo Net or Barrel: Campers will use lines to move cargo from one place to another using traditional block and tackle systems consisting of wooden blocks and synthetic lines. The campers will be given line handling instructions before the activity and will be supervised during the activity by an instructor.

Sea Life Cruise on the R/V Sea Explorer: The R/V Sea Explorer is a federally documented vessel which means it does not require the use of passenger life jackets. Approved Coast Guard Certified life jackets are accessible for passengers 50 lbs and up, but are distributed only in the case of an emergency. There is a safety rail around the entire vessel and campers are monitored at all times while on the vessel. The vessel is also equipped with heavy scientific gear used to collect samples for camper use during the cruises. These areas are marked and off-limits to the students. Like any vessel during times at sea, the environment of the boat can be slippery and unsteady.

I have read the description of the program for this camp and agree that my child is physically able and prepared to participate in all camp activities/program.

I, the undersigned parent/ guardian give my permission for __________________________________________
to participate in the camp activities.

_____________________________________________          ____________
Parent or Guardian’s signature          Date
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 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 Name: Last: ________________________ First: ________________________

Birth date: ________________________

Guardian Name: Last: ________________________ First: ________________________

Home Phone: ________________ Cell Phone: ________________ Work Phone: ________________

Address: ________________________

City: ___________________________ State: _______ Zip: _____________

Email: ____________________________

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 and/or video footage taken of me and others under my care by the Ocean Institute for its promotional purposes.

Parent/Guardian Signature: ____________________________

Ocean Institute

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PLEASE PRINT THIS FORM ON A SINGLE SIDED SHEET OF PAPER
Today’s Date: ________________

MEDICAL FORMS

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 (____) ____________________________ Birth date _____ / _____ / _______

Address __________________________________________________________________________ City ______________ State _____ Zip __________

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

Address __________________________________________________________________________ City ______________ State _____ Zip __________
(if different from above)

Daytime Phone Number (____) ____________________________ Cell Phone (____) ____________________________

Alternate Person in case of emergency, notify: ______________________________________ at (____) ____________________________

Name of Family Physician __________________________________ Phone Number (____) ____________________________

This camper is covered by family medical/hospital insurance: Yes _____ No _____

Medical Insurance Company __________________________________ Phone Number (____) ____________________________

Subscriber ____________________________ Policy Number ____________________________

PARTICIPANT HEALTH INFORMATION

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

   If so, please describe ____________________________________________________________

   If your child has a special medical or physical condition, 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

   Car/motion sickness

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

   If so, please describe: ____________________________________________________________
Ocean Institute
Summer Camp
Camper’s Name: ____________________________________________

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: ___________________________________________________________________

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.

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.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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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.

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 many 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 Parents/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

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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.

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.**

<table>
<thead>
<tr>
<th>MEDICATION 1</th>
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<tbody>
<tr>
<td><strong>Diagnosis</strong></td>
</tr>
<tr>
<td>Medication Prescribed</td>
</tr>
<tr>
<td>Schedule and Method of Administration</td>
</tr>
</tbody>
</table>

Comments

__________________________

Physician’s Signature

Parent(s)/Guardian(s) Signature

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<tr>
<th>MEDICATION 2</th>
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</thead>
<tbody>
<tr>
<td><strong>Diagnosis</strong></td>
</tr>
<tr>
<td>Medication Prescribed</td>
</tr>
<tr>
<td>Schedule and Method of Administration</td>
</tr>
</tbody>
</table>

Comments

__________________________

Physician’s Signature

Parent(s)/Guardian(s) Signature
**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 ___________________________
RELEASE OF CAMPERS

At the Ocean Institute, our primary concern is the safety and well-being of the children who attend our programs. To ensure the safety of our campers, we follow the following procedures for Check-In and Check-Out at summer camps:

1. **Day campers must** be signed in and out by an **adult** each day on the appropriate form.
2. All campers will **ONLY** be released to an authorized person. Parents/guardians must complete and sign a form (see below) authorizing release of the camper to anyone. **Photo identification (such as a Driver’s License) is required before a camper will be released to any individual, including parents.**
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 on the “Release of Camper” form. Custodial parents are welcome to add names to the “Release of Camper” form during the course of the week.
5. No camper may leave camp at any time without prior authorization from the custodial parent and the camp director.

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**Authorized Release of Camper Form**

Camper _______________________________________________  Program Date ______________________

Custodial Parent / Guardian’s Name ____________________________________________________________

Signature of Custodial Parent / Guardian: ______________________________________________________

Date signed: __________________________

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