Parent/Guardian Name:			
Student Name:		Daytime Phone:	
Best contactEmail:			
***DO YOU CHECK YOU	REMAILREGULARLY?		
Should my child be selected	to participate in one of the Saturo	day-at-the-Sea Summer Camps (please initial),	
I am aware both I ANI 1:00pm.	O my child must attend an important p	re-camp orientation on Saturday21 May 2016 from 1	1:00am-
I understand that my ch	ild will be committing to attend all day s	s of camp.	
I am aware that my chile	d will be snorkeling from a pontoon boa	at during the camp and my child <u>can swim</u> .	
I understand that this ca opportunity!	mp is being offered FREE of charge to	my child. I will do what I can to support their getting the mos	st out of thi
		SU Campus meeting site* in the morning and being at the pi inties will have alternate transportation options)	ckup
	DROPOFF SCHEDULE: Mo	onday-Thursday: 7:45am PICKUP	
		onday-Wednesday: 5:00pm,	
	Friday: presentation will be at 5:1	5pm. Student will leave with you following presentation ~6	:15
I understand that I will r	need to provide my child's lunches durin	ng her/his camp week.	
I understand that my ch	ild will spend Thursday night at the FSU	J Marine Lab under the supervision of SATS camp staff	
I am NOT aware of any	thing (medical, emotional, physical) tha	at would prevent my child from attending this camp Please	
list any medical condi-	tion about which we should know		
I am aware that the cam	p will be doing a group presentation @	5:15pm on the last day of the camp week. I will try to be the	re!
	• •	d! Though not all of it will be spent outdoors, my child will b ld with sun-protective clothing and lots of water each day!	e in the hot
I understand that we will during this time.	ll be notified of camp status VIA EMAI	L by Friday 29 April 2016. I will be checking my email regu	ılarly
	Parent's signature	Date	