

For Parent To Complete

Parent/Guardian Name: _____

Student Name: _____

Daytime Phone: _____

Best Contact Email: _____

***DO YOU CHECK YOUR EMAIL REGULARLY? Yes() No()

Should my child be selected to participate in one of the Saturday-at-the-Sea Summer Camps (please initial):

_____ I am aware **I AND MY CHILD** must attend an important pre-camp orientation on Saturday, May 20th from 10:00am-12:00pm.

_____ I understand that my child will be committing to attend all days of camp.

_____ I am aware that my child will be snorkeling from a pontoon boat during the camp.

_____ My child can swim.

_____ I understand that this camp is FREE of charge to my child, so I will support them so that they get the most out of this opportunity!

_____ I will be responsible for getting my child to FSU Campus meeting site* in the morning and being at the pickup location by times listed. Students from Wakulla County or Franklin County may make alternate transportation plans for convince.

DROPOFF SCHEDULE: Monday-Thursday: 7:45 am

PICKUP SCHEDULE: Monday-Wednesday: 5:00 pm

PRESENTATION: Friday 5:15 – 6:15 pm

_____ I understand that I will need to provide my child's lunches during their camp week.

_____ I understand that my child will spend a night at the FSU Coastal & Marine Lab supervised by SATS camp staff.

_____ I am NOT aware of anything (medical, emotional, physical) that would prevent my child from attending this camp. Please list any medical condition about which we should know:

_____ I will attend the camp group presentation starting at 5:15 pm on the last day of the camp week.

_____ I will provide my child with sun-protective clothing and lots of water each day!

_____ I understand that we will be notified of camp status **VIA EMAIL** by Friday, April 28th. I will be checking my email regularly during this time.

Parent's signature: _____ Date: _____