



MARINE SCIENCE & SNORKELING DAY CAMP REGISTRATION FORM

Trip Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Gender:  Male  Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Past Participant:  Y  N

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

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Special Health Needs/Requests: \_\_\_\_\_

List any/all Current Medications: \_\_\_\_\_

T-Shirt size: Youth  S  M  L or Adult  S  M  L  XL

\* T-shirt sizes are used for wetsuit fittings

Parent / Guardian Name(s): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If the above person will not be picking up your child, please list name here: \_\_\_\_\_

In Case of Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_



Mail Registration Form and Camp Waiver to:

San Diego Oceans Foundation
1875 Quivira Way, Suite C-5 | San Diego, CA 92109
p: 619.523.1903 f: 619.523.1979 e: info@sdoceans.org

Agreement

- 1. I hereby certify that my child is in normal health and capable of safe participation in the OIM snorkeling program. I assume all risk(s) and hazards incidental to the conduct involved in this program. I hereby authorize SDOF staff members to obtain medical treatment for my child in the event that parent(s) and emergency contact cannot be reached.
2. I support SDOF's philosophy, which is based on participation, fun, skill development, ocean stewardship and volunteer leadership.
3. I am willing to participate as a volunteer in support of this program: (circle Y / N)
4. Upon pick-up of your child(ren), adults must show a valid form of ID.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  Cash  Check  Credit Receipt #: \_\_\_\_\_

Voucher Number/Scholarship Amount (If Applicable): \_\_\_\_\_ Trip Date: \_\_\_\_\_