



Dear Parents and Guardians,

Thank you for enrolling your child in SUNY Maritime College's *Maritime Adventure Boat Camp*.

SUNY Maritime College's Waterfront staff is excited to share our passion for the marine environment with your child during this unique camp experience.

To secure your child's spot please make sure to return the following:

- ☐ Completed Signed Registration Form with 50% deposit at time of registration (balance due June 1, 2015) (1 page)
- ☐ Signed Liability Waiver and Statement of Understanding (2 pages)
- ☐ E-mail, mail or fax the completed forms to:

Erik Reynolds, Assistant Waterfront Director
SUNY Maritime College
6 Pennyfield Avenue, McMurray Hall
Throggs, Neck, NY 10465
E-mail: waterfront@sunymaritime.edu
Ph: 718-409-2447 Fax: 718-409-7354

Once we receive this information we will e-mail you a confirmation.

I have also included the *Health Record for Children in Day Camps & Afterschool & Youth Centers* form required by the New York City Department of Health. Please work with your pediatrician to complete and return this form by June 1, 2015 with your final payment. For your convenience, our camp policies and procedures including the all-important what to bring checklist are also attached.

If you have any questions please feel free to contact me at 718-409-7460 or rcrafa@sunymaritime.edu.

I look forward to another exciting summer!

Sincerely,

Robert T. Crafa
Waterfront & Camp Director

**P.S. Share the fun! Please tell your child's friends about this unique program.
Register before March 1st and save \$100!**

SUNY Maritime College

Waterfront Summer Camp Registration Form

Participant Information:

Participants Name: _____ Date of Birth (MM/DD/YY): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address (if different than above): _____
Home Telephone #: (____) _____ Work Telephone #: (____) _____
Cell/Pager #: _____ E-Mail: _____@_____
How did you hear about us? ☐ Advertisement ☐ Web Site ☐ Alumnus ☐ Previous Customer
☐ Direct Mailing ☐ Other: _____

Course/Program Information:

Course/Program	Date(s)	Cost
_____	_____	_____
_____	_____	_____

50% deposit due at time of registration; balance due May 30, 2014

Subtotal.....	\$ _____
Late fee (\$50).....	\$ _____
(for registration received after June 1, 2014)	
Tax Deductible Donation.....	\$ _____
Total.....	\$ _____

Payment Information:

SUNY Maritime College Waterfront Programs will only be accepting online credit card payments.
If this is a problem please contact [Erik Reynolds](#) at 718-409-2447 to discuss potential alternative arrangements.

Name: _____ Check here if address is same as above: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ E-Mail: _____@_____

[Click here to make online payment via credit card](#)

Online Payment Confirmation # _____

Please Return Completed forms to:

**Waterfront, McMurray Hall
SUNY Maritime College
6 Pennyfield Avenue
Bronx, NY 10465**

Fax: 718-409-7354; E-mail: waterfront@sunymaritime.edu; Questions: 718-409-2447



Liability Waiver & Statement of Understanding

Liability Waiver

The waterfront program participant assumes full responsibility for any loss or damage, exception loss or damage covered by insurance, that may come to any person, boat, pier, float, or other property used in conjunction with this program as the result of improper use, negligence, violation of the Navigation Rules and racing rules, and other acts of participants, or other representatives of the host location in connection herewith. The participant further agrees to hold SUNY Maritime College and their representatives harmless for personal injuries and/or property damage. The participant also accepts that the conduct of this program entail and are subject to certain inherent risks and accepts all risks on land and at sea of participation in this program.

Photography Waiver

By signing this form, the parent/guardian permits SUNY Maritime College to use pictures of their child as a program participant in promotional literature published and used by SUNY Maritime College, including but not limited to, news stories, newsletters, magazines, brochures, and our web site.

Cancellation Policy

Should a camper suffer an illness or injury prior to camp start date which prevents them from participating in regular camp activities (a note from a doctor will be required) balance paid will be refunded less \$50 processing fee. Should a camper decide not to attend a program for other reasons, not related to illness or injury, the balance paid will be non-refundable, unless SUNY Maritime College is able to confirm a fully-paid replacement for the spot before camp begins. A \$50 processing fee would apply.

Under no circumstances will a refund be issued once a program has begun.

Behavior Policy

SUNY Maritime College Summer Camp staff reserves the right to dismiss, without refund, any camper whose behavior, including but not limited to bullying and reckless or irresponsible actions, affects the well-being and enjoyment of fellow campers.

Lost Items

SUNY Maritime College is not responsible for lost items.

Camper Pick-up Procedure

I authorize my child to leave camp at the end of the day by the following methods (check all that apply):

___ Walk/Public Transportation ___ Pick-up/Car Pool

For pick-up/car pool you must specify below who is authorized to pick-up your child from camp:

Name

Relationship to Camper

Phone Number

I have reviewed, understand, and agree to all applicable terms and conditions as stated in the Liability Waiver & Statement of Understanding above.

Name of Camper: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Print Name: _____



Maritime Adventure Summer Camp Policies and Procedures

Drop-off

- ✓ Drop off is at 9 a.m. in McMurray Hall lobby area. Please plan on staying until 9:30 on the first day for a brief orientation.
- ✓ If your child is going to be absent for any reason you must notify us by calling 718-409-7460 before 9 a.m.

Pick-up

- ✓ Pick-up on each day of camp is at 5 p.m. in McMurray Hall (Main Bay).
- ✓ Only individuals authorized by you in writing ahead of time and who present ID will be allowed pick-up your child. (see Liability Waiver & Statement of Understanding)
- ✓ Parents and family members are encouraged to come around 4 p.m. on the last day of camp so your children can get you out on the water to show you all that they have learned!

Open Door Policy

- ✓ Parents are welcome to stop in at any time to see what the adventure is all about.
- ✓ Upon arrival/departure you must check in/out with Camp Director Rob Crafa. He can be located in his office on the top floor of McMurray Hall or by calling 917-574-6248.
- ✓ All visitors must receive a guest pass.

Meals

- ✓ Campers will have a nutritious buffet style lunch including a salad bar, sandwich bar and hot entree each day in the College's cafeteria.
- ✓ Cold water and nutritious snacks will be available throughout the day.
- ✓ Please inform the Camp Director of any special dietary needs before camp begins.

Special Concerns

- ✓ Prior to the start of camp, any behavioral problems or special physical, emotional, psychological, or medical needs, including allergies, should be identified or discussed with the camp director.



Maritime Adventure Summer Camp

What to Wear

- ☐ T-shirt
- ☐ Shorts
- ☐ Close toed shoes that can get wet - old sneakers or water shoes, flip flops only as a back up

What to Bring

- ☐ Backpack containing:
 - Refillable water bottle
 - Bathing suit
 - Beach towel
 - Hat
 - Sunscreen
 - Sunglasses
 - Plain white t-shirt (with name marked inside) for special project
 - Eye-glasses (with safety lanyard to prevent losing them), contacts and back-up pair of glasses
 - Medication (i.e. asthma inhaler, epi-pen)
- ☐ Positive attitude
- ☐ Sense of Adventure
- ✓ United States Coast Guard approved life jacket will be provided for each camper
- ✓ Please leave electronic games, music players and other unnecessary valuables at home.
- ✓ SUNY Maritime College is not responsible for lost, stolen or damaged items.

Emergency Contact Information

Rob Crafa, Camp Director – Office # (718) 409-7460
Cell # (917) 574-6248
University Police – (718) 409-7311

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

CHILD'S LAST NAME

FIRST NAME

BIRTHDATE

M ☐ F ☐
SEX

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes ☐ No ☐ (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

Allergies

☐ Rheumatic Fever _____

☐ Hay Fever _____

☐ Seizures _____

☐ Poison Ivy, etc. _____

☐ Diabetes _____

☐ Insect Stings _____

☐ Asthma _____

☐ Penicillin _____

☐ Chicken Pox _____

☐ Other Drugs _____

☐ Food _____

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.# _____

Department of Health and Mental Hygiene — The City of New York — Bureau of Food Safety and Community Sanitation

PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY – This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenzae type b (Hib)		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

MEDICAL EXAMINATION – To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory

X = Not Satisfactory (Explain)

0 = Not Examined

General Appearance _____

Genitalia _____

Height _____ Weight _____ Blood Pressure _____ Posture & Spine _____ Throat - Tonsils _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____ Feet _____ Lungs _____ Skin _____

Hgb, Test (Date) _____ Urinalysis (Date) _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

Allergy: (Please specify) _____

Recommendations and restrictions while in camp:

Special Diet _____

Special Medicine (dose, route of administration, when should it be administered) _____

Is parent/guardian sending special medicine? _____

Activity Restrictions _____

Swimming _____ Diving _____

General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

M.D.

EXAMINING PHYSICIAN (SIGNATURE)

PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____ Address _____

Date of Examination _____

ZIP CODE