

## Important Information

- \* **Bring** layered clothing, hat, towel, water bottle, and **sunscreen!**
  - \* **Drop off:** a staff member will meet your child(ren) at the **base of the pier** from 8:50am-9:00am and will wait with your child(ren) at the base of the pier after camp
  - \* There is a **\$10 charge per child** for each 15 minutes a guardian is late for pick up
  - \* CPR/First aid certified staff present at all camps
- \* No refunds or credit without 2 business days notice for cancellation of any class
  - \* **10% charge** for all other cancellations
  - \* **\$10 charge** for all class scheduling changes
  - \* A collection fee of \$35, in addition to the face value, will be charged for all returned checks
  - \* **Snacks provided** for all camps
  - \* Lifeguard certified staff present at all water activities

To officially register, mail payment and completed registration form (below) and waiver (opposite page) to: PO Box 1, Manhattan Beach, CA 90267, or hand deliver to the Roundhouse aquarium during public hours (M-F 3pm-sunset, S-S 10am-sunset). Please allow 7 days for mail.

**OR** You can also register and pay online at [www.roundhouseaquarium.org](http://www.roundhouseaquarium.org), click on summer camp

↓ Detach here, and keep above portion for your records. ↓



## Registration/Authorization Form

Camper's Name(s)	Age	Camp/Week	T-shirt size	Ocean swimming level	Cost
1.			Child: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult: <input type="checkbox"/> Small	<input type="checkbox"/> Inexperienced <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Proficient	
2.			Child: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult: <input type="checkbox"/> Small	<input type="checkbox"/> Inexperienced <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Proficient	
3.			Child: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult: <input type="checkbox"/> Small	<input type="checkbox"/> Inexperienced <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Proficient	

**Total: \$**

**Ocean swimming level definitions:**

Inexperienced: Cannot swim. Ankle deep water only, likes to splash.

Beginner: Ok in knee deep water, likes water, ok with face wet.

Intermediate: Can swim in white water, ok in the surf line.

Proficient: No fear of water, can swim to end of pier, ok in all conditions.

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I authorize only the following adult(s) to pick up my child: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Any restrictions to medical treatment? \_\_\_\_\_ Any allergies? \_\_\_\_\_

Taking any medications? \_\_\_\_\_ Physician/HMO: \_\_\_\_\_

Any other medical conditions? \_\_\_\_\_

How did you hear about the Roundhouse Summer Camps? \_\_\_\_\_

I certify that the above information on this form is correct. I have read and fully agree with all registration policies stated here.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chk. No. \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Camp No. \_\_\_\_\_

**OFFICE USE ONLY**

Emailed conf    
  Faxed conf.    
  Phone conf.

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## Roundhouse Aquarium Summer Camp Waiver of Liability

Campers Name(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

By signing below, I acknowledge the risks and dangers incidental to the camp activities, including surf/beach activities, and I hereby release and agree to indemnify and hold harmless O.T.S., its officers, staff, contractors, volunteers, agents, and representatives from any and all losses, claims, damages, liabilities, costs and expenses including attorney's fees which they or any of them may sustain or incur in any way arising out of my child's participation in any and all camp activities, including any injury my child may suffer while participating in camp activities.

I do hereby authorize the Roundhouse Marine Studies Lab and Aquarium to consent to any medical treatment and hospital care for the above-named individual(s) which is deemed necessary by and is to be rendered under the general or specific supervision of any licensed physician, EMT, or paramedic, whether such diagnosis or treatment is rendered at the office of the physician or at a hospital, clinic, or by paramedics. It is understood that this authorization is given in advance of any specified diagnosis, treatment or hospital care which may be required.

In the event that emergency medical treatment or hospitalization is required, the staff at the Roundhouse Marine Studies Lab and Aquarium will notify the parents or guardians at the earliest possible time.

The Roundhouse Marine Studies Lab and Aquarium\* may use pictures of my child(ren) in its promotional material. All activities are supervised during all program times. Participation may include, and is not limited to, activities which may be held outside the Roundhouse.

I authorize Roundhouse staff and volunteers to apply sunscreen to the above-named individual(s) as needed.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_