



NARRAGANSETT BAY  
Jamestown Education Foundation  
Summer Camp 2008  
July 7 - 11

Mail To:  
Jamestown Parks & Recreation  
Registrations  
P.O. Box 377  
Jamestown, RI 02835

**Session 1:** Children entering grades 1 - 3  
Time: 9 a.m. – 12 noon  
Tuition: \$60 Location: Fort Getty

DATE	TOPIC
8/4	Narragansett Bay Habitats
8/5	Invertebrates of Narragansett Bay
8/6	Birding on the Bay
8/7	Sandy Beach Seine and Swim
8/8	Birds of the Bay

**Session 2:** Children entering grade 4 - 6  
Time: 1 p.m. – 4 p.m.  
Tuition \$60 Location: Fort Getty

DATE	TOPIC
8/4	Narragansett Bay Habitats
8/5	Invertebrates of Narragansett bay
8/6	Birding on the Bay
8/7	Sandy Beach Seine and Swim
8/8	Birds of the Bay

*Please select proper group:*  
  
Session 1 (grades 1-3)  
\$60: \_\_\_\_\_  
Session 2 (grades 4-6)  
\$60: \_\_\_\_\_  
  
*Make checks payable to:*  
Town of Jamestown

- Make checks payable to Town of Jamestown.
- Scholarships available from Jamestown Education Foundation, phone 423-1225.
- All students must be signed in and out by parent/guardian/etc. each day of programming
- Students should bring a hat, jacket, wading shoes, sunscreen, insect repellent and water bottle.
- Jamestown will provide alternative foul weather sites in case of inclement weather (Fort Getty Pavilion)

## Save the Bay Camp July 7 – 11

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Street address: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/guardian name: \_\_\_\_\_

### **In Case of Emergency:**

Notify: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

### **Medical Considerations:**

Allergies/Reactions: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

### WAIVER OF RESPONSIBILITY

In consideration of the registration of participation in the program by Jamestown Education Foundation and Save The Bay's acceptance of this registration, and in accordance with Chapter 7-6 of the Rhode Island General Laws, I hereby assume any and all risks associated with or arising from my participation in this event. I understand that this includes but is not limited to any and all injuries to my person, including death or permanent injury, and/or property damage or loss suffered by me arising from my participation in this event. I voluntarily waive and release any and all rights, claims and actions for damages I may have against Jamestown Education Foundation, its officers, directors and any agents, individuals or institutions associated with or assisting Jamestown Education Foundation; Save The Bay, its officers, directors, employees, agents, or any individuals or institutions associated with or assisting Save The Bay with this program including, but not limited to, the following: Jamestown Education Foundation; Town of Jamestown; RI Department of Environmental Management; and, any other participant in this program.

I further attest and certify that I have read and understood the above waiver and assumption of risk, that I am making this waiver and assuming all risks voluntarily, and that all information and signatures contained herein are accurate and genuine. In addition, I will allow any photos that are taken during this program to be used in the promotional materials of Save The Bay.

**(If participant is under 18, Parent/guardian signature)**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CAMPER**

Session Dates: \_\_\_\_\_

Participant's name \_\_\_\_\_  
Last First Middle

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE \_\_\_\_\_ PARENT/GUARDIAN WORK PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Notify \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**FOR MEDICAL STAFF IN CASE OF EMERGENCY**

Allergies/Reactions (bee sting, food, etc.) \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

**If allergies are severe, please equip your child appropriately.**

Does Camper have?: Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_

Current Medications \_\_\_\_\_  
(include epipen)

Can Participant Swim? \_\_\_\_\_

Swimming Level: \_\_\_ Beginner \_\_\_ Intermediat \_\_\_ Advanced

Family Physician \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## WAIVER

In consideration for Save The Bay's acceptance of this registration, and in accordance with Chapter 7-6 of the Rhode Island General Laws, I hereby assume any and all risks associated with or arising from my participation in this event. I understand that this includes but is not limited to any and all injuries to my person, including death or permanent injury, and/or property damage or loss suffered by me arising from my participation in this event. I voluntarily waive and release any and all rights, claims and actions for damages I may have against Save The Bay, its officers, directors, employees, agents, or any individuals or institutions associated with or assisting Save The Bay with this program including, but not limited to, the following: Town of Middletown; City of Newport; Town of North Kingstown; Port Edgewood Marina; Aspray Boathouse; the RI Department of Environmental Management; and any other participant in this program.

If any item or provision of this Agreement shall be determined to be illegal or unenforceable, then all other terms and provisions hereof shall nevertheless remain effective and shall be enforced to the fullest extent permitted by law.

I further attest and certify that I have read and understood the above waiver and assumption of risk, that I am making this waiver and assuming all risks voluntarily, and that all information and signatures contained herein are accurate and genuine. In addition, I will allow any photos that are taken during this program to be used in the promotional materials of Save The Bay.

**I give my permission for \_\_\_\_\_ to participate in all activities except as noted. I understand that any medical expenses incurred will be covered by me or my insurance company.**

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian

**Permission for the Dispensing of Medication at Camp**

I give permission for the staff of BayCamp to dispense to my child,  
\_\_\_\_\_, the following medication(s):

*Check any that apply.*

Bacitracen Antibiotic ointment for cuts or scrapes

No-Ad Children's Sunblock

Natrapel insect repellent

Prescribed medication

1. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time Schedule: \_\_\_\_\_

Method of taking: \_\_\_\_\_

Dates medication is needed: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_

2. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time Schedule: \_\_\_\_\_

Method of taking: \_\_\_\_\_

Dates medication is needed: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_

Other:

\_\_\_\_\_

**Important:**

All prescription medications must be in the original container with the prescription label. Dosage should not exceed that which is needed for the child's time at camp. The medication must be delivered to the Camp Director or lead counselor by the parent or guardian. Children are not allowed to carry medication.

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I, the parent or guardian, authorize the camp staff to assist\* my child in taking the above stated medication(s). I agree, by signing this request form, that I will not hold liable any member of the BayCamp staff who assists my child in taking the above medication(s).

(\* assist means having the required medication available to the child and observing the child as she/he takes or does not take her/his medication)

**Special Consideration for Epi-Pens:** I further acknowledge by signing this waiver that I have trained the BayCamp staff caring for my child in the proper technique for assisting with administering an Epi-Pen. I am confident that my child and her/his counselors know how to use the Epi-Pen appropriately.

**Parent/Guardian Printed Name:**

\_\_\_\_\_

**Parent/Guardian Signed Name:**

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

**Camper's Profile**

**CAMPER'S AGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **GRADE COMPLETED:** \_\_\_\_\_

**Camper T-Shirt Size (select one) :**

**Child medium**       **Child Large**       **Adult Small**       **Adult Medium**

Parents, the information you provide our staff is valuable in helping us communicate with your child. Providing information regarding your camper's health, conditions, or any special needs is necessary for their care and is strictly confidential. We want to ensure that your camper has a positive experience with us. Providing us with the following information will help us do that. Thank you.

**Does your child have any emotional and/or physical disabilities?:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What do you feel is the best way to handle discipline for you child?:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are there any activities you *do not* wish you child to participate in?**

\_\_\_\_\_

Did your child to Save The Bay's Jamestown Camp last year? \_\_\_\_\_

Please list any camp or similar educational experiences your child has had:

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**TRANSPORTATION: Camper Pick-up Release Form**

The following people (also include yourself) have my permission to pick up my child

\_\_\_\_\_:

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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Your child will be released only to you or those on the above list. Prompt drop-off and pick-up is appreciated.

**Campers should wear/bring:**

- Warm sweatshirt
- Hat/cap to block sun
- Shorts/t-shirt
- Sunscreen
- Bathing suit
- Towel
- Rain jacket (& pants if you have them)
- Shoes to wear in the water (not flip-flops!)
- Bottled water (lots)
  - A snack
- Change of socks, shoes, clothes
  - Sneakers

**Mail Completed Forms To:**

Jamestown Parks and Recreation  
PO BOX 377  
Jamestown, RI 02835