



The South Fork Natural History Museum (SoFo)
Marine and Environmental Science Summer Program 2018 Application
A separate check and application is necessary for each child.

Child's Name: _____ Nickname if Applicable: _____

Child's Date of Birth: _____ Age: _____ Sex: [] M [] F

Parent(s)/Guardian(s) Names: _____

Home Phone #: _____ Work/Cell/Emergency #: _____

Home Address: _____
Street (include Apt. #) City State Zip Code

Mailing Address: _____
Street (include Apt. #) City State Zip Code

E-mail Address: _____

SoFo Museum Membership # _____

Authorized Person(s) for pick up: _____ Contact Phone# _____

Please check which week your child will be attending

- [] "Peanut Bunker" Marine and Environmental Adventure Week
Children 6 – 8 years
July 30 – August 3, 2018
[] "Sea Bass" Marine and Environmental Science Week
Children 9 – 11 years
August 6 – 10, 2018
[] "Fish Hawks" Marine and Environmental Science Week
Children 12 – 14 years
August 13 – 17, 2018

Please circle your child's T-shirt size
SoFo will provide the T-shirt
XS S M L XL

I consent to the use of photographs and video recordings by the South Fork Natural History Museum (SoFo) for the purpose of advertising in paper and digital form (ie: program flyer, brochure, website, Facebook page). I agree that the actual material involved, such as photograph or recording, is to remain the property of SoFo.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please print)

Payment (Please check one) Peanut Bunker [] SoFo Member Fee \$900 [] Non-member Fee \$1000
Sea Bass [] SoFo Member Fee \$900 [] Non-member Fee \$1000
Fish Hawks [] SoFo Member Fee \$1,100 [] Non-member Fee \$1,200

Please email or FAX completed Application, Liability Release, Medical/Consent form and Full Payment to:
sofomsp@optonline.net or FAX 631-537-9621.

Cancellation Refund will be granted if cancellation is two (2) weeks prior to the start of the program.

Please make your check payable to SoFo

Please charge my credit card (circle one): Visa Master Card Amer. Express Discover

Card # _____

Exp. Date: _____ Security Code _____ Billing zip code _____



The South Fork Natural History Museum (SoFo) Marine and Environmental Science Summer Program 2018 Medical/Consent Form

I _____ (Parent/Guardian Name) hereby grant permission for _____ (Child's name) to attend the SoFo Marine Summer Science Program and participate in all activities. This form will be valid for 2018.

In the event of a medical or weather emergency and /or the inability to contact designated guardian(s), I agree that Marine Summer Science Program Staff may take such emergency measures including transportation and conveyance to a medical treatment facility, or calling in a medical professional or an ambulance as they deem appropriate, and shall notify the parent or legal guardian as soon as possible.

Parent/Legal Guardian Contact Information (*Please list phone numbers where you can be reached during the hours of the program*).

Name: _____ Circle one: Parent Legal Guardian
 Home Address: _____ Home Phone: _____
 Cell Phone: _____ Work Phone: _____
 Email: _____

I understand that I am responsible for any medical costs as a result of treatment of the child for illness or injury while attending the program.

Emergency Information

In the event that a parent/guardian cannot be reached in an emergency, please list **two (2)** individuals who can be contacted to act in your absence. Please make sure the persons named are aware that you have them listed.

Name: _____ Contact Phone: _____ Relationship: _____
 Name: _____ Contact Phone: _____ Relationship: _____

Past Medical History and Immunizations

Known Allergies: Y / N Please List _____

Medications/Treatments: Y / N Please List _____

Seizures: Y / N Asthma: Y / N Inhaler: Y / N Diabetes: Y / N Insulin: Y / N EpiPen: Y / N

Any other Medical History, Restrictions, Limitation, Special Needs, Dietary Needs, etc... we should be aware of:

Immunizations:

Vaccine	Mo/Yr	Vaccine	Mo/Yr	Vaccine
Measles	Y / N	DTP	Y / N	Haemophilus influenza Y / N
Chicken Pox	Y / N	TD	Y / N	Mo/Yr
Mumps	Y / N	Tetanus	Y / N	TB Mantoux Test
Hepatitis A	Y / N	Polio	Y / N	Date of Last Test _____
Hepatitis B	Y / N	MMR	Y / N	Result: _____ Positive
Hepatitis C	Y / N	or measles or mumps or rubella		_____ Negative

Parent/Guardian Printed Name: _____ Signature: _____ Date: _____



**The South Fork Natural History Museum (SoFo)
Marine and Environmental Science Summer Program 2018 Liability Release**

In consideration of receiving permission from The South Fork Natural History Museum (SoFo) for my child to participate in the July 30 – August 3, August 6 – 10 or August 13 – 17, 2018 Marine and Environmental Science Summer Program, I, the undersigned as legal guardian understand and acknowledge that my child _____ is proceeding at his or her own risk. I acknowledge that SoFo makes no warranties or representations, express or implied, regarding the condition or safety of the various activities, including seining and snorkeling in knee deep water, the SUNY Stony Brook Research vessel trip during the 2018 Peanut Bunker Marine and Environmental Science Adventure Program, and Sea Bass and Fish Hawks Marine and Environmental Science Programs. I understand that seining, snorkeling and boating are inherently dangerous activities.

I hereby agree to release, hold harmless, and indemnify SoFo (including its agents, servants and employees) from any and all loss, liability, or expense with respect to bodily injury (including death) or property damage which might result or arise out of my child’s participation in the July 30 – August 3, August 6 – 10 or August 13 – 17, 2018, Marine and Environmental Science Summer Program at SoFo.

Circle appropriate program:

- | | | |
|-----------------|--|--------------------------|
| “Peanut Bunker” | Marine and Environmental Science Adventure | July 30 – August 3, 2018 |
| “Sea Bass” | Marine and Environmental Science Week | August 6 – 10, 2018 |
| “Fish Hawks” | Marine and Environmental Science Week | August 13 – 17, 2018 |

Signature of Parent or Legal Guardian

Date

Printed name of Parent or Legal Guardian

Date

Mailing Address: _____

Phone: _____ Cell phone/emergency contact number: _____

**You will be notified by Email of the status of enrollment when all completed forms as noted above have been received.
and full payment is received.**