



COVID-19 Protocols

SOFO follows all COVID-19 protocols as required by the Department of Health for the safety of our participants and environmental program leaders. Face masks are required during all outdoor activities when staff and participants are less than six feet from each other.

Marine and Environmental Science Summer Program 2021 Registration

A separate form 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 (if other than a parent: \_\_\_\_\_

Contact Phone# \_\_\_\_\_

Please check which week your child will be attending.

- "Peanut Bunker" Marine and Environmental Science Week**  
Children 6 – 8 years  
August 2 – August 5, 2021
- "Sea Bass" Marine and Environmental Science Week**  
Children 9 – 11 years  
August 9 – August 12, 2021

\*Please circle your child's Youth T-shirt size\*  
SOFO will provide the T- shirt.

**XS    S    M    L    XL**

Photo Release

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 (i.e.: 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 \$1000     Non-member Fee \$1200  
Sea Bass     SOFO Member Fee \$1000     Non-member Fee \$1200

**Please email or FAX completed *Application, Liability Release, Medical/Consent form and Full Payment* to:**  
rgelling@sofo.org or FAX 631-537-9621.

***Cancellation Refund will be granted if cancellation is two (2) weeks prior to the start of the program. No refund after the start of the program.***

Please make checks 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 2021  
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 2021.

In the event of a medical or weather emergency and /or the inability to contact designated guardian(s), I agree that Marine and Environmental Science Summer 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: \_\_\_\_\_

**Medical History**

**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:**

\_\_\_\_\_  
\_\_\_\_\_

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



**The South Fork Natural History Museum -SOFO  
Marine and Environmental Science Summer Program 2021  
Liability Release**

In consideration of receiving permission from The South Fork Natural History Museum (SOFO) for my child to participate in the August 2 - August 5, 2021, or August 9 - August 12, 2021 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 Southampton Research vessel trip during the 2021 Peanut Bunker and Sea Bass 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 August 2 - August 5, 2021, or August 9 - August 12, 2021 Marine and Environmental Science Summer Program at SOFO.

Circle appropriate program:

"Peanut Bunker"	Marine and Environmental Science Week	August 2 - August 5, 2021
"Sea Bass"	Marine and Environmental Science Week	August 9 - August 12, 2021

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

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Printed name of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone/emergency contact number: \_\_\_\_\_

**You will be notified by Email when all completed forms and payment information are received.**