



Please return signed forms by mail or email to:  
SOFO Shark Research Team  
PO Box 455  
Bridgehampton, NY 11932  
(631) 537-9735 or email [info@sofo.org](mailto:info@sofo.org)

## Registration Form

### General Information

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

### Health History

Indicate any situations that are currently requiring medical treatment/medication or would require special restrictions in a SOFO Sharks program.

<u>CONDITIONS</u>	Comments	<u>ALLERGIES</u>	Comments	<u>DISEASES</u>	Comments
Uncontrolled bleeding		Latex		Heart History	
Ear infection		Poison Ivy		Diabetes	
Fainting		Medication Type/name		Epilepsy	
Seizures		Food allergies Type/name		Mental Health / Type Medication/Supervision	
Heart History		Insect Stings Epi-pen carried?		Osteoporosis	
Hemophilia		Asthma; Medication type and use		Others; please explain	
Other (please explain)		Hay fever/pollens			

Do you have any other medical conditions that we should know about? \_\_\_\_\_

Please use the space provided below to explain any treatment or explanation of any of the above. Please attach a record of past treatment for any situation listed. \_\_\_\_\_

Please list all medications your child is on, with an explanation of what they are for: \_\_\_\_\_

Current treatment for all of the above: \_\_\_\_\_

Special dietary restrictions: \_\_\_\_\_

**In the event of injury or illness, please contact:**

**Primary Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Secondary Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



## SOFO Sharks Waiver of Liability and Release – Parent/Child

***IMPORTANT – THE FOLLOWING MUST BE COMPLETED if participant is under the age of 18 years.***

I, \_\_\_\_\_, am the parent/guardian of the child named below, and I understand and acknowledge that boating, fishing, and data collection are a large part of the SOFO Sharks program and that the above activities are physically and emotionally demanding and involve significant risks and hazards. My child is fully capable of participating in these activities, and so my child and I assume all the risks of accident, injury, and loss of equipment. In addition to the risks inherent in offshore fishing, ocean exploration, and cold-water ocean travels, there are also numerous other unpredictable hazards and stresses.

I voluntarily and willingly choose to have my child engage in at-sea activities and fully understand and accept the risks associated with it. I also understand that while SOFO Sharks captains, biologists, and researchers have first aid training, they are not trained in extensive emergency medical procedures, and that in the event of a serious medical emergency, treatment may be several hours away. I give my permission to SOFO Sharks and its captains, biologists, and researchers involved in the program to seek additional emergency medical treatment for my child in the event that my child is injured or hurt and, in the opinion of those present, my consent cannot be obtained in a reasonable period of time given the circumstances.

My child agrees to exercise all necessary caution during any instructions and to obey the safety requirements of those assisting him/her. I also agree to inform SOFO Sharks captains, biologists, and researchers of any significant aspects of my child's physical condition or medical history that might increase the risk to him/her or others.

I \_\_\_\_\_ (Parent/Legal Guardian) hereby give permission to SOFO Sharks and its team members to administer medical treatment deemed reasonable or necessary by them in the event of any injury to \_\_\_\_\_ (Participant's Name) while participating in SOFO Sharks programs.

Also, in consideration of services, I hereby release: SOFO Sharks team members, SOFO directors and employees, SOFO Board members, and each and every landowner upon whose property an activity is conducted, from all liability and waive any claims for damage arising from any cause whatsoever.

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

I give permission to SOFO Sharks (and partner organizations Reel Science Charters, Stay Salty Charters, and Stony Brook University) to use photographs and videos of my child's likeness in their marketing and grant reporting.

☐ Permission granted

☐ Permission denied

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



## SOFO Sharks Waiver of Liability and Release – Adult

***IMPORTANT – THE FOLLOWING MUST BE COMPLETED if participant is ages 18 or older.***

I, \_\_\_\_\_, understand and acknowledge that boating, fishing, and data collection are a large part of the SOFO Sharks program and that the above activities are physically and emotionally demanding and involve significant risks and hazards. I am fully capable of participating in these activities and I assume all of the risks of accident, injury, and loss of equipment. In addition to the risks inherent in offshore fishing, ocean exploration, and cold-water ocean travels, there are also numerous other unpredictable hazards and stresses.

I voluntarily and willingly choose to engage in at-sea activities and fully understand and accept the risks associated with it. I also understand that while SOFO Sharks captains, biologists, and researchers have first aid training, they are not trained in extensive emergency medical procedures, and that in the event of a serious medical emergency, treatment may be several hours away. I give my permission to SOFO Sharks and its captains, biologists, and researchers involved in the program to seek additional emergency medical treatment for me in the event that I am injured or hurt and, in the opinion of those present, my consent cannot be obtained in a reasonable period of time given the circumstances.

I agree to exercise all necessary caution during any instructions and to obey the safety requirements of those assisting me. I also agree to inform SOFO Sharks captains, biologists, and researchers of any significant aspects of my physical condition or medical history that might increase the risk to myself or others.

I \_\_\_\_\_ hereby give permission to SOFO Sharks and its team members to administer medical treatment deemed reasonable or necessary by them in the event of any injury to me while participating in SOFO Sharks programs.

Also, in consideration of services, I hereby release: SOFO Sharks team members, SOFO directors and employees, SOFO Board members, and each and every landowner upon whose property an activity is conducted, from all liability and waive any claims for damage arising from any cause whatsoever.

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

I give permission to SOFO Sharks (and partner organizations Reel Science Charters, Stay Salty Charters, and Stony Brook University) to use photographs and videos myself in their marketing and grant reporting.

☐ Permission granted

☐ Permission denied

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_



## Payment Information

Please check the appropriate program date and duration:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> <del>July 7-11</del> <b>FULL!</b>  | <input type="checkbox"/> \$1,500 for 5-day program* |
| <input type="checkbox"/> July 28-August 1                              | <input type="checkbox"/> \$1,000 for 3-day program* |
| <input checked="" type="checkbox"/> <del>August 4-7</del> <b>FULL!</b> |   |

**\*The above prices reflect cash/check prices. There will be a 3.5% transaction fee applied for credit card transactions.** Participants paying with credit card will be charged \$1,552.50 for the 5-day program and \$1,035.00 for the 3-day program.

**Please email completed Registration Form, Waiver of Liability and Release, and Payment Information to:**

info@sofo.org

or mail checks made payable to SOFO to:

SOFO

PO Box 455

Bridgehampton, NY 11932

Please charge my credit card (check one): ☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### Refund Policy:

Due to the popularity of the program, the cancellation policy will be as follows:

Cancellation 14+ days in advance = full refund minus \$50 administration fee

Cancellation 7-13 days in advance = 50% refund

Cancellation less than 7 days in advance = 0% refund

**You will be notified via email when all completed forms and payment information are received.**

**No participant will be officially registered until payment is received.**

# SOFO Sharks Gear List

Please come prepared with clothing that will keep you safe and comfortable during your adventure. The weather can change quickly on the water and the ocean temperature will vary. All items on this list are important and should be brought to the program! Weather above the waves can also vary from a sunny 80°F day to a foggy, windy day in the 50's. Temperatures on the water can often be 20°F cooler than ashore. Dress for extremes and you will be comfortable. Layers are your best friend.

## Day Trips:

- Daypack/backpack
- Short-sleeved shirts (preferably non-cotton)
- Nylon or synthetic swim trunks or bathing suit
- Rain gear – jacket and pants
- Windbreaker
- 2 reusable water bottles
- Snacks/food for the day
- Sunscreen (sunlight reflects off the water - use SPF 30 or higher!)
- Sunglasses with straps (if you wear glasses, please bring a strap)
- Baseball cap or sun hat
- Water shoes or boots – close-toed only
- Bug spray
- Journal and pen
- Any medications you will need for the duration of the program

## **List of what NOT TO BRING:**

- Open-toed sandals or shoes
- Cigarettes, alcohol or drugs (SOFO Sharks has a Zero Tolerance policy)
- Weapons: this includes knives or any sort of item that could be considered a weapon

→ Remember that you are responsible for carrying your own gear, so please pack only what you can carry. We suggest duffle bags, backpacks, or dry bags to hold your belongings.

→ **\*\*PLEASE LIMIT YOUR COTTON CLOTHING!** Cotton/jeans take a long time to dry and do not retain any warming properties when wet. Polyester, synthetics, nylon, fleece, and wool are all great options. Students can bring cotton clothing to change into at the end of the day.\*\*

→ There is no need to buy new clothing for the program. If you find yourself in want of some items, however, you can find good non-cotton clothing at Goodwill, Salvation Army, or LL Bean.