



South Fork Natural History Museum

CELEBRATING 37 YEARS OF NATURE EDUCATION

13th Annual Summer Marine Adventure Program 2026 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 #: _____ Cell #: _____

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 select which week your child will be attending.

- "Peanut Bunker" Marine Adventure Week**
Children ages 6-8
July 27 – July 31
- "Sea Bass" Marine Adventure Week**
Children ages 9-11
August 3 – August 7
- "Fish Hawks" Marine Adventure Week**
Children ages 12-14
August 10 – August 14

Select your child's T-shirt size
(T-shirts will be provided by SOFO)

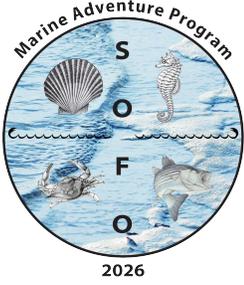
Circle one: **Youth** **Adult**

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 photography or recording, is to remain the property of SOFO.

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



The South Fork Natural History Museum - SOFO 13th Annual Summer Marine Adventure Program 2026 Medical/Consent Form

I _____ (Parent/Guardian name) hereby grant permission
for _____ (Child's name) to attend the SOFO Marine
Adventure Program and participate in all activities. This form will be valid for 2026.

In the event of a medical or weather emergency and/or the inability to contact designated guardian(s), I agree that Marine Adventure 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: _____ Select 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 may 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 13th Annual Summer Marine Adventure Program 2026 Liability Release

In consideration of receiving permission from The South Fork Natural History Museum (SOFO) for my child to participate in the July 27–31, or August 3–7, or August 10–14, 2026 Marine

Adventure 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 2026 SOFO Marine Adventure 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 27–31, or August 3–7, or the August 10–14, 2026 Marine Adventure Program at SOFO.

Select appropriate program:

- | | | |
|--------------------------|-----------------|-----------------------------|
| <input type="checkbox"/> | "Peanut Bunker" | July 27 – July 31, 2026 |
| <input type="checkbox"/> | "Sea Bass" | August 3 – August 7, 2026 |
| <input type="checkbox"/> | "Fish Hawks" | August 10 – August 14, 2026 |

Signature of Parent or Legal Guardian

Date

Printed name of Parent or Legal Guardian

Date

Mailing Address: _____

Phone: _____ Cell phone: _____

Payment (Please check one)*

Peanut Bunker	<input type="checkbox"/>	SOFO Member Fee \$1,500	<input type="checkbox"/>	Non-member Fee \$1,900
Sea Bass	<input type="checkbox"/>	SOFO Member Fee \$1,500	<input type="checkbox"/>	Non-member Fee \$1,900
Fish Hawks	<input type="checkbox"/>	SOFO Member Fee \$1,500	<input type="checkbox"/>	Non-member Fee \$1,900

***The above prices reflect cash/check prices. There will be a 3.5% transaction fee applied for credit card transactions. SOFO members paying credit will be charged \$1,552.50. Non-members paying credit will be charged \$1,966.50.**

Please email completed *Application, Liability Release, Medical/Consent form, and Full Payment* to: map@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 Amer. Express Discover

Card #: _____

Exp. Date: _____ Security Code: _____ Billing Zip Code: _____

Refund Policy:

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

1. Cancellation 30-60+ days before the first day of the program = full refund minus \$50 administrative fee
2. Cancellation 15-30 days before the first day of the program = 75% refund
3. Cancellation less than 15 days before the first day of the program = 50% refund
4. Cancellation after the first day of the program = 0% refund

You will be notified via email when all completed forms and payment information are received. No child will be officially registered until payment is received.