

CSI Soundside Science Scouts

Scouts and Parents/Guardians,

We are excited to have you joining us for a day of adventures in science at the Coastal Studies Institute! Participants should be prepared to spend time outside, and along those lines the following should be considered:

Campers are asked to leave candy, gum, cell phones and other electronic devices at home as they are a distraction to both educators and other campers.

Participants should bring a bag lunch as we may be eating lunch in the field, but a cooler will be provided. It is also important to note that there are no food services at CSI. Participants should bring a water bottle, and there will be water available to refill throughout the day. Campers should come prepared for the day with these items:

- | | |
|--|--|
| <input type="checkbox"/> bag lunch | <input type="checkbox"/> wear clothes that can get dirty |
| <input type="checkbox"/> rain coat | <input type="checkbox"/> towel |
| <input type="checkbox"/> bug spray | <input type="checkbox"/> water shoes – can wear in estuary(not flip flops) |
| <input type="checkbox"/> sunscreen/hat | <input type="checkbox"/> swim suit |
| <input type="checkbox"/> change of clothes | <input type="checkbox"/> dry shoes just in case |

Drop Off and Pick-up

Participants may be dropped off at 9:00am at the Coastal Studies Institute at 850 Highway 345, Wanchese, NC 27981. Pick up time is 3:30 pm. Please be prompt and contact us if running late so we may make other arrangements.

COVID-19 Protocols and Guidelines

CSI programs are required to comply with all COVID-19 Protocols provided by East Carolina University. *Guidelines are subject to change as ECU provides additional guidance for our camp programs.*

Current guidelines can be found at <https://returnofpiratenation.ecu.edu/>.

If you test positive for COVID-19, or if a health care provider tells you that you are presumed positive, you should notify the CSI Education Staff members John McCord 252-475-5450 (mccordr@ecu.edu) or Parker Murphy 252-475-5452 (kellama19@ecu.edu).

Individuals will not be allowed to participate if:

- They have tested positive for COVID-19
- They are showing the following COVID-19 symptoms (fever, chills, shortness of breath, difficulty breathing, new cough, or new loss of taste or smell)

We ask that you help us protect the health of our campers this summer. Anyone who is sick or was sick with COVID-19 or recently in contact with someone with COVID-19 in the last 14 days— including parents/guardians, campers and families— should not come to the program. Be on the lookout for symptoms of COVID-19, which include fever, cough, shortness of breath, chills, muscle pain, sore throat, and loss of taste or smell. Call your doctor if you think you or a family member is sick.

In the event of a participant testing positive for COVID-19, parents/guardians will be notified and CDC guidelines for non-vaccinated individuals will be followed as indicated here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.

If you have a specific question about this plan or COVID-19, please contact John McCord at 252-475-5450 or via email at mccordr@ecu.edu for more information. You can also find more information about COVID-19 at www.cdc.gov/coronavirus or on CDC's website for youth and summer camps <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>.

Transportation:

While we will meet at CSI every day, there may be activities that include traveling off-site from the campus. When we need access to waterways, we will use a 30-foot pontoon boat research vessel or kayaks. Participants are required to wear lifejackets for any on-the-water activity. Life jackets are provided by CSI.

Are there any accommodations under the Americans with Disabilities Act needed for the applicant to participate in program/camp activities? _____ yes _____ no

If yes, please describe: _____

Emergency Contact: If you need to reach your child or program staff, please call 252-475-5400. This is the main number at CSI, and they will know how to reach the group.

We are excited about having you join us for the day! Please feel free to contact us- John McCord at 252-475-5450, mccordr@ecu.edu or Parker Murphy at 252-475-5452, kellama19@ecu.edu- with any questions or concerns.

Sincerely,

Coastal Studies Institute Education Staff

Please complete the following forms and either return to Parker Murphy (kellama19@ecu.edu) or bring the day of the program. Your child will NOT be able to participate in camp if the forms aren't completed and turned into camp staff.

LIABILITY RELEASE (MINOR PARTICIPANT)

I/we, the undersigned, request that East Carolina University, (CSI) allow [REDACTED], a minor under the age of 18, (referred to as “the Participant”) to participate in the following Activity: CSI Soundside Science Scouts (“the Activity”), to be held on [REDACTED] (program date).

In consideration of the Participant being permitted to participate in the Activity, I/we hereby release, forever discharge, covenant not to sue and agree to hold harmless and indemnify the State of North Carolina, the University and their respective governing boards, officers, agents, employees, volunteers, and any University students assisting with the Activity (collectively referred to as “Releasees”), from and against any and all liability for any harm, injury, damages, claims, demands, actions, causes of action, costs, and expenses of any nature, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by me/us and any property belonging to Participant or me/us, as a result of, or in any way connected with, Participant’s participation in the Activity, and even to the extent that Releasees were negligent.

We grant Releasees permission to transport the Participant, by automobile, bus, or other means, as may be deemed necessary by Releasees, in connection with the Activity.

I/we understand that there are no medical personnel at the location of the Activity or on the University campus. I/we grant Releasees permission to authorize emergency medical treatment for Participant, as deemed necessary by Releasees, and that I/we are solely responsible for any costs associated with such treatment.

I/we sign this **LIABILITY RELEASE** in full recognition and of all the dangers, hazards, and risks to Participant from participating in the Activity, which may include, but are not limited to, property damage and personal injury, including, but not limited to, cuts, bruises, sprains, strains, broken limbs, and/or death. I/we further agree that I/we assume all the risks associated with the Activity.

In signing this, Liability Release, I/we acknowledge and represent I/we are fully informed of the content of this Liability Release by reading it before signing it and that this document has been signed of my/our free act and deed. No oral representations, statements, or inducements, apart from those contained in this Liability Release, have been made.

I/we further state that there are no health-related reasons or problems which preclude or restrict the Participant’s participation in the Activity, and the Participant has adequate health insurance to provide for and pay any medical costs that may result from injury to the Participant. If reasonable accommodations are required to participate in the Activity, I/we will contact University Disability Support Services at 252-737-1016.

I/we further agree that this Liability Release shall be construed in accordance with the laws of the State of North Carolina. If any term or provision of this Liability Release shall be held illegal, unenforceable, or in conflict with any law governing this Liability Release, the validity of the remaining portions shall not be affected. I/we agree that the courts of North Carolina shall be the sole forum for adjudicating any claim or dispute arising, directly or indirectly, from the Activity.

THIS IS A LIABILITY RELEASE OF LEGAL RIGHTS. PLEASE READ THIS DOCUMENT CAREFULLY, AS IT AFFECTS CERTAIN RIGHTS THAT YOU AND/OR THE PARTICIPANT MAY HAVE IF YOU AND/OR THE PARTICIPANT ARE INJURED OR OTHERWISE SUFFER DAMAGES IN CONNECTION WITH THE PARTICIPANT’S PARTICIPATION IN THE ACTIVITY.

I/we, further state that I/we are Participant’s parent(s)/guardian(s) and am/are fully competent to sign this Liability Release, on behalf of ourselves(s) and the Participant.

(This Liability Release shall be valid and acceptable if signed by one Parent/Guardian, but it is requested that a second Parent/Guardian also sign if a second Parent/Guardian is available).

PARENT OR GUARDIAN

PARENT OR GUARDIAN

Printed Name

Printed Name

Signature

Signature

Date

Date

(Updated 11-15-16. The original signed Liability Release shall be kept and maintained by the department or program sponsoring the Activity for no fewer than seven (7) years after conclusion of the Activity.)

PHOTOGRAPHY RELEASE

I/we authorize and give consent to East Carolina University and those acting pursuant to its authority (collectively referred to as “the University”), to use Participant’s name, photographs and/or likenesses of Participant, and record Participant’s voice (collectively referred to as “Recordings”) in connection with the Activity for any use that the University, in its sole discretion, deems appropriate, including, but not limited to, promotions and/or advertising. I/we further consent to any broadcast and reproduction of any Recordings without my/our prior notice or consent. I/we further understand that all such Recordings, in whatever medium, shall remain the sole property of the University, and that no compensation of any kind, monetary or otherwise, on account of or arising from the Recordings, will be forthcoming. On behalf of me/us and the Participant, I/we hereby waive any right to privacy in connection with the Recordings, and I/we hereby release, discharge, and agree to hold harmless the University from any claim, damages or liability whatsoever that arises from any and all uses of the recordings.

(This Photography Release shall be valid and acceptable if signed by one Parent/Guardian, but it is requested that a second Parent/Guardian also sign if a second Parent/Guardian is available).

PARENT OR GUARDIAN

PARENT OR GUARDIAN

Printed Name

Printed Name

Signature

Signature

Date

Date

Health Record

Name of Participant _____ Date of Birth: _____

Phone _____

Guardian _____ Address _____

Emergency Contact

Name _____ Telephone _____

Program Dates:

Check one:

_____ May participate in all Program activities

_____ May participate except for:

Medical information pertinent to routine care and emergencies. When was last tetanus shot?:

Is the Participant taking prescription or over the counter medication(s)? Yes No

If yes, list medications:

Does the Participant have allergies? Yes No Explain:

Does the Participant have a special diet? Yes No Explain:

Does the Participant have special needs? Yes No Explain:

Print name of medical care provider:

Medical care provider's address:

Telephone Number:

Name of Health Insurance Carrier: _____ **Group or Policy #** _____

East Carolina University does not provide health and accident insurance for Participants, and I understand that the Participant's medical expenses, property loss, or other personal expenditures that result during or from the Program, are to be borne by me and/or the Participant's health insurance provider.

Consent to Emergency Medical Treatment. The health history above is correct as far as I know, and the Participant has permission to engage in all Program activities noted by me and the examining medical practitioner. I grant East Carolina University, its officers, trustees, agents, employees, students, or volunteers ("Released Parties") permission to authorize emergency medical and surgical treatment for the Participant, as they deem appropriate. I understand and agree that the Released Parties assume no responsibility for any injury or damage that might arise out of, or in connection, with such authorized emergency medical treatment.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Medication Form

If possible, please give your child her/his medication prior to arrival and send only those that are necessary. All medication must be in its original container.

Doctor's Name :

Phone Number :

Name of Medication(s):

Possible medication reaction(s) or side effects that may occur (drowsiness, nausea, etc.):

First Dosage Time and Amount:

Second Dosage Time and Amount:

I hereby authorize the storage and distribution of medication in accordance with the instructions of my child's physician. I understand that the medication is to be furnished by me in a properly labeled original container from the pharmacy; the label on prescription medication must include the name of the child, name and telephone number of the pharmacy, physician name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples are not allowed for storage. I further understand that I must immediately advise the Camp Director in writing of any change in the prescription or instructions stated above.

Signature: _____ Date: _____

FOR STAFF USE ONLY:

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	DATE:	DATE:	DATE:	DATE:	DATE:
TIME					

CSI Education Staff, please record the time that the child took their medicine and the amount that they took below.

AMOUNT
GIVEN
INITIALS

TIME

AMOUNT
GIVEN
INITIALS

COVID-19 Disclosure and Attestation

I/We fully understand and acknowledge the various risks associated with camp attendance and participation related to the presence of the Coronavirus disease (COVID-19). I/we understand that ECU will take all possible and reasonable measures to reduce the risks associated with COVID-19 including following all Federal, State, Local and University Health and Safety Guidelines. I am aware that it is not possible to eliminate all risks associated with COVID-19 and I assume these risks by voluntarily choosing to participate in the camp. In the event that I contract or am exposed to COVID-19 while participating in the camp, I attest that I will not hold any ECU personnel, camp staff or volunteers responsible for any damages associated with my condition or the consequences thereof. I/we assume responsibility for all associated COVID-19 risk, losses, and/or damages and effectively covenant not to sue or seek to impose liability on ECU or any camp personnel. I/we understand and agree to mandatory reporting of any/all COVID-19 symptoms prior to the start of camp and that such mandatory reporting is required if symptoms develop during the course of camp. I will report my symptoms to ECU Camp Health Center Staff and/or my camp staff.

PARENT OR GUARDIAN

WITNESS

Printed Name

Printed Name

Signature

Signature

Date

Date

Conduct Agreement

ECU's Summer Youth Camp desires to provide each camper with the most enjoyable experience possible. While we understand that youth have a tendency to test the limits of acceptable behavior in many different situations, some behavior is simply not allowed, such as personally offensive language or statements, physical abuse, bullying, and stealing. Camp staff will work hard to be prepared for any situation, model positive behavior, communicate with campers, and resolve conflicts before they become out of hand. When these proactive practices are not enough to prevent negative behavior, disciplinary action will be taken. The following steps are the general disciplinary procedures taken when a problem arises:

- Staff member will intervene immediately and discuss possible solutions to the problem with the camper
- Camp staff, camp director, and camper will discuss solutions to the problem
- Phone call/consultation to parents/guardian concerning the problem (purple notice)
- Camper is sent home (gold-one day suspension or red notice-suspended for the rest of the session)

FOR THE CAMPER:

I will try my hardest to behave in a positive way. If I do not, I will accept the consequences of my actions.

Name (please print): _____ Date: _____

Signature: _____

FOR THE PARENT/GUARDIAN:

I understand the entire camper behavior policy section and agree to pick up my camper if his/her behavior warrants this end result. I will provide feedback to staff concerning attempts to better understand my camper's behavior.

Name (please print): _____ Date: _____

Signature: _____

Daytime Phone Number: _____

The Camp Staff will take every effort to better understand your camper's behavior. We hope to develop a relationship with both you and your camper. Your input into all issues is important to us. If you have any questions or concerns about any Camp related topics, please contact our staff via the information provided in the Parent Information Packet.