



Dear Parents/Grandparents/Guardians,

Thank you for your interest in the Pigeon Key Foundation & Marine Science Center's 2022 Summer Camp! We will be offering three separate weeks of Day Camp and two separate weeks of Overnight Camp. Please find all of the pertinent information and registration paperwork below.

Day Camp

July 4th-8th; July 25th-29th & August 1st-5th

Cost of Camp: \$475.00

Required Deposit for Registration: \$150.00

Overnight Camp

July 11th-15th & July 18th-22nd

Cost of Camp: \$1,100.00

Required Deposit for Registration: \$300.00

Day Camp: Runs Monday to Friday between 9am – 5pm and is open to children 8 – 16 years old. We provide snorkel gear for the week, snacks & lunches each day and marine science programming and water activities!

Overnight Camp: Drop your campers off on Monday morning before 9am, pick them up on Friday at 5pm, and be ready for plenty of stories about all their overnight island adventures! Your camper must 10 – 16 years old to participate. We provide all meals and equipment. This is a chance for your kids to do more of their favorite activities: snorkel, tidepool, fish, and hang out with their friends and counselors. To ensure safety throughout the week of marine science fun, camp counselors stay in the dorms with the campers.

Register via Mail: Please complete the “**Summer Camp Application Form**” and send it with your non-refundable deposit (checks can be made payable to “Pigeon Key Foundation”) to:

ATTN: Summer Camp

PO Box 500130 Marathon, FL 33050.

Register via Email: Debit and Credit Card payments are accepted over the phone (305-743-5999), but also includes a 5% surcharge. Send in your completed forms to Education Director Casey at pigeonkeyed@gmail.com.

Required deposits for camp are non-refundable. Please remember to attach a recent photo of your camper and **a camper's spot CAN NOT be reserved without a completed application and deposit.** *Contact the Summer Camp Director Casey prior to sending in your “Summer Camp Application Forms” to see if we still have availability for your preferred week of camp.*

Mark your calendars! All completed registration paperwork and **full payment** should be in **three weeks** prior to summer camp start date. This includes the Summer Camp Registration Form, Medical Release Form, Participant Code of Conduct, Snorkel Trip Liability, Monroe County Waiver and the Liability Release Form.

Once we have received your summer camp application form **and your deposit**, we will send a confirmation via email. Please expect additional emails before camp starts with information on arrival/departure times, packing list, and what to expect for camp. If you have any questions, please do not hesitate to contact us.

Sincerely,

Casey Howley-Brigham // Summer Camp Director

[Pigeonkeyed@gmail.com](mailto:pigeonkeyed@gmail.com) // 860-961-1982

Pigeon Key Foundation & Marine Science Center

PO Box 500130, Marathon, FL 33050 ~ www.pigeonkey.net ~ 305-743-5999

Pigeon Key Foundation & Marine Science Center

Summer Camp Registration Form

Camper's Name: _____ Date of Birth: _____

Age (at start of camp): _____ Camper's Shirt Size (circle one: Adult S Adult M Adult L Adult XL

Please describe prior swimming experience: _____

Name of primary person responsible for camper during camp: _____

Relation: _____ Email address: _____
Please circle preferred phone number

Address: _____
Street City State Zip Code

Primary Phone Number: _____

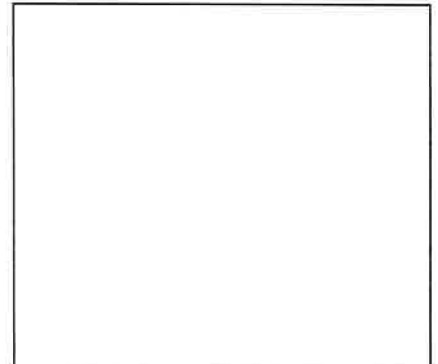
Secondary Phone Number: _____

Person(s) to notify if primary person cannot be reached:

Name: _____

Phone: _____

Please Attach Photo Here



Dates (Check all that apply):

Day Camp Sessions:

- July 4th – July 8th (\$150 Deposit and Paperwork needed to hold spot; full payment due by June 13th)
- July 25th – July 29th (\$150 Deposit and Paperwork needed to hold spot; full payment due by July 4th)
- August 1st – 5th (\$150 Deposit and Paperwork needed to hold spot; full payment due by July 11th)

Overnight Camp Sessions:

- July 11th – 15th (\$300 Deposit and Paperwork needed to hold spot; full payment due by June 20th)
- July 18th – 22nd (\$300 Deposit and Paperwork needed to hold spot; full payment due by June 27th)

Pigeon Key Foundation & Marine Science Center

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Pigeon Key Foundation & Marine Science Center Medical Release Form

Camper's Name: _____

MEDICAL HISTORY STATEMENT

I understand that water activities may be strenuous and that normal healthy lungs, heart, ears and sinuses are essential for my safety and well-being. I hereby confirm that my circulatory systems are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek approval from a licensed physician if I am uncertain as to my physical fitness for water activities.

Please check each item that applies to your current or past medical history and explain under remarks.

- | | |
|---|---|
| <input type="radio"/> I have read the medical statement | <input type="radio"/> Epilepsy |
| <input type="radio"/> Glasses or Contact lenses | <input type="radio"/> Diabetes |
| <input type="radio"/> Asthma or Lung Disease | <input type="radio"/> Physical Disabilities |
| <input type="radio"/> Dizziness/Fainting | <input type="radio"/> Any serious medical problem |

Remarks: _____

List ALL medications you are currently taking: _____

Camper's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

It is recommended that each student be covered under a Health Insurance Policy. Please provide the following:

Health Policy Name: _____ Physician's Name: _____

Policy Number: _____ Physician's Number: _____

In the event of any injury requiring medical treatment, I hereby grant permission for emergency medical treatment to be initiated for my child by the Pigeon Key Foundation. The cost of such treatment will be paid for by the above named policy or parent. Any expenses not covered by the above named policy will be solely my responsibility as parent or guardian and I understand will not be paid for by the Pigeon Key Foundation or any of its agents.

Parent's Signature: _____ Date: _____

Pigeon Key Foundation & Marine Science Center Participant Code of Conduct

I, _____, (camper's name) hereby agree to abide by this Student Code of Conduct during the Pigeon Key Foundation & Marine Science Center's (PKFMSC) program I am attending.

1. I fully understand that the purpose of the program is to explore and learn about wonders of the aquatic world.
2. I will conduct myself in a manner, which is not disruptive to any scheduled activity.
3. I will follow all verbal and written instructions of the Pigeon Key Staff and Junior Counselors.
4. I will be respectful in thoughts, words and actions to all persons on Pigeon Key.
5. I will remain with my assigned group and group leader at all times.
6. I will follow all safety rules and regulations & exercise common sense at all times.
7. I will respect other participants' personal property and their right to privacy.
8. I will respect PKFMSC staff, equipment, and all camp property.
9. I will abstain from the use of alcohol, tobacco products and any non-prescriptive medication or drugs.
10. I will conduct myself in a normal manner at all times and be respectful in thoughts, words and actions towards those of the opposite gender and different races.
11. I understand that any single violation of this **Code of Conduct** may result in being sent home immediately, at my own expense, and without refund of tuition.

Camper's Signature: _____ Date: _____

As the Parent(s) of the above-named student, I/we understand the Student Code of Conduct and agree to arrange for, and bear the expense for, providing an adult escort for my child and transportation for the escort and my child back to the point of origin or home within 24 hours of being notified of my child's unacceptable behavior. I understand this policy is in the best interest of all students involved in the Program.

Parent Signature: _____ Date: _____

Parent Name (print): _____

Pigeon Key Foundation & Marine Science Center Liability Release Form

Please PRINT the information requested below. Complete all blanks and sign at the bottom.

Camper's Name: _____ Gender (circle): M F
Street Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Other Phone: _____
Emergency Contact: _____ Emergency Phone: _____

General Medical Information

Please list ANY medical problems such as allergies (food), chronic conditions, dietary preferences (vegetarian?) etc.: _____

Medications presently taking: _____
My health/accident insurance policy is with: _____
Policy Number: _____ Group/Plan/ID: _____

RELEASE AND WAIVER OF LIABILITY/IMPLIED CONSENT

In signing this form, I understand that I waive the right to sue the Pigeon Key Foundation (PKFMSC), The Florida Keys Land and Sea Trust, or any groups or individuals associated with PKFMSC, for both myself and my heirs, assigns or personal representatives.

I am aware that PKFMSC arrange activities involving snorkeling, SCUBA diving, swimming, and kayaking in the ocean, and traveling by boat. In participating or allowing my child to participate in these activities I acknowledge that during these activities, I or he/she may be exposed to certain risks which are inherent in the activity and cannot be eliminated without destroying the purpose and character of the activity, such as traveling by boat, swimming in or near the ocean, snorkeling in the ocean, accident or illness in remote places without immediate access to medical facilities, and the forces of nature, including sun, wind, and rain. I understand the description of these risks is not complete and that these and other unknown or unanticipated inherent risks may result in injury or death.

In consideration for the right for myself or my child to participate in such activities, and other services and activities arranged for me or him/her, I have and do hereby assume all risks and will forever indemnify, hold harmless, and covenant not to sue PKFMSC and The Florida Keys Land and Sea Trust, its employees, property owners, directors, officers, and members from any and all liabilities, actions, causes of actions, debts, claims, demands, or other liability of every kind and nature whatsoever which may arise or in connection with my or his/her trip to or participation in this program, whether caused by ordinary negligence or otherwise. This signed agreement serves as a release or assumption of risks for my heirs, executors, and administrators, assigns, next of kin, and members of my family. This agreement is meant to be broad and inclusive. I give permission for staff to take pictures and videos of myself or my child while participating in these activities. The photos and videos shall remain the property of the Pigeon Key Foundation & Marine Science Center.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____



Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19 (CHILD)

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 ("COVID-19") was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention ("CDC") have stated that **"the best way to prevent illness is to avoid being exposed to this virus."**

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in programs run by or at facilities owned or operated by Monroe County ("County").

I acknowledge that County employees and contractors come in contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that although the County takes precautions to reduce the likelihood of transmission of COVID-19 by its employees and contractors, the County cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in these programs I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability and/or death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and/or failures to act of myself or others, including but not limited to County employees and contractors and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including but not limited to personal injury, disability and death), illness, damage, loss, claim, liability or expense of any kind or nature that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any such program. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge Monroe County, its employees and contractors, agents and representatives of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of County employees, contractors, agents and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any such program.

Parent or Guardian's Signature

Parent or Guardian's Printed Name

Date

Child(rens) Name(s) – first and last:

**MONROE COUNTY, FLORIDA
ACTIVITY PARTICIPATION FORM (for calendar year)**

PARTICIPANT INFORMATION

NAME: DOB: AGE:
STREET ADDRESS:
CITY: STATE: ZIP: HOME PHONE:

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: EMAIL:
ADDRESS: CITY: STATE: ZIP:
HOME PHONE: WORK PHONE:

EMERGENCY CONTACT

EMERGENCY CONTACT: PHONE:

PLEASE DESCRIBE ANY SPECIAL MEDICAL NEEDS/CONDITIONS BELOW AND ON REVERSE SIDE

INDEMNITY AND RELEASE

I, the undersigned parent or legal guardian of the minor, whose name appears above, consent and agree that the above-named minor may participate in programs run by Monroe County or run at County facilities. The undersigned further agrees that Monroe County (the "County") and its officers, agents, representatives, volunteers and employees will not be held liable for injuries or other loss sustained by the minor which occur as a result of the above-named minor's participation in the activities.

The undersigned hereby authorizes Monroe County to call my physician and/or arrange for transportation to a hospital in the event of any injury to the minor child, although I understand that the County has no and assumes no responsibility to do so.

The undersigned parent/guardian, specifically WAIVES ANY CLAIM against the County and its officers, agents, representatives, volunteers and employees. The undersigned hereby RELEASES, DISCHARGES AND COVENANTS NOT TO SUE the County for any loss, injury or damage or death sustained by the above-named minor that arises out of participation in the County sponsored or provided activities, whether caused in whole or part by the negligence of the County or by the negligence of the officers, agents, representatives, volunteers, or employees of the County.

Further, the undersigned parent/guardian, agrees to INDEMNIFY, DEFEND AND HOLD HARMLESS the County and its officers, agents, representatives, volunteers and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known damages, claims or actions arising from the above-named minor's participation in the activities.

The undersigned understands that the County is not responsible for damage to or loss of money or personal property arising during or before or after the minor child's participation in any activity.

This WAIVER, RELEASE and INDEMNITY shall continue notwithstanding any negligence or comparative negligence on the part of the County relating to any loss, injury or damage.

The undersigned parent/guardian, also agree that this Waiver and Release form shall be binding on my heirs, successors and assigns.

By signing below, the undersigned parent/guardian acknowledges that (he/she) has fully read, understood and agrees to each and every term contained in this Waiver and Release.

PARENT/GUARDIAN (Print)

SIGNATURE OF PARENT/GUARDIAN

DATE

WITNESS (Print)

WITNESS SIGNATURE

DATE

COMPLETE SNORKEL LIABILITY RELEASE

1. I understand snorkeling has inherent risks and dangers associated therewith, including but not limited to risks associated with perils of the sea and equipment failure and I specifically assume such risks.
2. I acknowledge that I am physically fit to snorkel and, I will not hold Florigan Marina, LLC., dba **Capt. Hook's Marina & Dive Center** responsible if I am injured as a result of heart problems, lung problems or other illnesses or medical problems which occur with snorkeling.
3. I will not remove my buoyancy vest at any time while in the water.
4. If I become distressed on the surface, I will immediately inflate my buoyancy vest for permanent flotation assistance.
5. I fully understand and I am aware that the dive boats has limited medical facilities and that in the event of illness or injury, appropriate medical care must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.
6. I have read the foregoing in it's entirety and agree to the terms and conditions herein above set forth on behalf of myself, my heirs, and personal representatives.
7. It is my intention by this instrument to exempt and relieve Florigan Marina, LLC., dba Capt. Hook's Marina & Dive Center, and their officers, agents, instructors, servants, and employees, from any and all liability for personal injury, property damage or wrongful death caused by negligence or otherwise, and I assume all risk in connection with such snorkeling and scuba diving activities and instruction.
8. I understand I have a duty to exercise reasonable care for my own safety and agree to do so.

*****Passengers under 18 years of age must also have a parent signature.*****

Signature: _____ Date: _____

Print Name: _____ Date of Participation: _____

Parent's Signature: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____