

Margate Community Education and Recreation Department  
101 North Haverford Avenue, Margate City, New Jersey 08402  
609-823-6658  
www.margate-nj.com/recreation

## NEW LOGIC MARINE SCIENCE CAMP

Award Winning Program- Back By Popular Demand! This camp program, perfect for any budding Marine Scientist, focuses on the preservation of the marine ecosystem through active hands on learning. New curriculum to include: Megalodons, Coral Reefs, Manatees, Sea Horses, Sharks and a whole lot more! Also included are dissections to learn fun, interesting facts about our local marine life along with, Marine Mammal Rescue Drills and our Crab & Critter Cams so campers can observe what is happening in our traps and under water. Kayaking, seining, sampling and environmental awareness also included. Camp Fee Includes Tee-Shirt. *Advanced Registration Required.*

(S-27) MONDAY: 6/25/18-FRIDAY: 6/29/18

9:00 am-2:00 pm

\$345.00/Child (One-Week)

Ages: 5 & Up

Locations To Be Announced

Coordinated By New Logic Marine Science Camp

Search Details @ [www.marinesciencecamp.com](http://www.marinesciencecamp.com)

Please Complete & Return The Following Forms:

- Margate City Recreation Registration Form *(Page 2)*.
- Margate City Recreation Waiver Form *(Page 3)*.
- Marine Science Camp Enrollment Form *(Page 4)*.
- Marine Science Camp Emergency Medical Release & Liability Waiver Form *(Page 5)*.
- Marine Science Camp Waiver and Release of Liability Form *(Page 6)*.



*Search: Margate Community Education and Recreation Department*

Summer Office Hours Are Monday-Friday (8:30 am to 3:00 pm)  
*Many Of Programs Require Additional Registration Forms; For More Details Please Visit Our Website*  
*www.margate-nj.com/recreation*

**REGISTRATION BY MAIL**

**For Registration Questions  
Please Contact: 609-823-6658**

1. Please complete the registration form below.
2. Please fill out a SEPARATE registration form for EACH individual.
3. Include ONE check or cash payment PER class PER individual.
4. Enclose a check made payable to: *Margate City Recreation Department.*
5. Mail registration to: Margate Recreation Department, 101 N. Haverford Ave., Margate, NJ. 08402.

**REGISTRATION GUIDELINES**

1. Registration for all classes/programs is accepted on a first come first pay basis only.
2. Pre-Registration Required! Please register at least ONE week prior to start date of class/program/camp.
3. No registration for any class/program will be accepted over the phone or without payment.
4. No refunds issued; credits only.
5. All classes/programs are subject to cancellation due to insufficient enrollment.
6. All classes/programs have minimum & maximum numbers associated with registration requirements.
7. All classes/programs, activities, prices, locations, times and instructors are subject to change.

**DROP-OFF REGISTRATION LOCATION**

*Main Entrance Area At The William H. Ross III School (101 N. Haverford Ave.) Lock-Box On The Wall.*

**SUMMER 2018 REGISTRATION FORM~ PLEASE PRINT CLEARLY**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Cell Home Work (please indicate)

E-MAIL Address: \_\_\_\_\_

List Any Medical Conditions: \_\_\_\_\_

Emergency Contact Information (Name & Number): \_\_\_\_\_

**New Logic Marine Science Camp (S-27)**

\*Participant's Signature: \_\_\_\_\_

\* (Parent/Guardian's signature if participant is a minor).

**Media Release**

You have my permission to video or photograph my child while participating in activities sponsored by the Margate Recreation Department and for these videos or photographs to be used for the advertisement and promotion of Margate Recreation Programs and other Margate City activities.

I am the parent/lawful guardian of the child named herein and I am authorized to execute this release.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY:**

Notes:

Amount Paid:

Method:

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration, of being allowed to participate in NEW LOGIC MARINE SCIENCE CAMP (SUMMER 2018) within The Margate City Recreation Department's athletic/sports/recreation programs and related events and activities, the undersigned:

Agrees that prior to participating, the undersigned will inspect the facilities and equipment to be used, and if the undersigned believes anything is unsafe, they will immediately advise their coach or supervisor of such condition (s) and refuse to participate.

- 1) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and social and economic losses which might result from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- 2) Agrees to assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.
- 3) Agrees to release, waive, discharge and covenant not to sue the City of Margate nor the Margate City Board of Education, their respective administrators, directors, agents, coaches, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

The Undersigned has read the above waiver and release, understands that he/she has given up substantial rights by signing it and signs it voluntarily.

\_\_\_\_\_  
*Child's Printed Name (First & Last)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*                      Relationship of to Above Child?      [ ] Parent                      [ ] Guardian

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*



**Marine Science Camp**  
**Enrollment Form**

**Camper Information**

Camper's Complete Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please Circle Camper's Swimming Ability: 0-none, 1, 2, 3, 4, 5-expert**

**Please Circle Camper Tee-Shirt Size: Small, Medium, Large, Extra Large**

**Parent/Guardian Information**

Parent/Guardian Name (s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**\*\*Confirmation Will Be E-Mailed Along With Camp Details & Meeting Locations\*\***

**YES, you have my permission to include my child in camp photos (*please initial*): \_\_\_\_\_**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please Tell Us How You Heard About Marine Science Camp.***

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**Marine Science Camp**  
**Emergency Medical Release and Liability Waiver**

*The Following Completed And Signed Emergency Medical Release & Liability Waiver MUST Accompany The Enrollment Form.*

♦ **APPLICANT/PARTICIPANT:**

Camper's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

♦ **EMERGENCY INFORMATION:**

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

♦ **In An EMERGENCY When Parent/Guardian Cannot Be Reached, Please Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

♦ **MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

***THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A CAMPER BEGINS PARTICIPATION.***



## **Marine Science Camp** **Waiver and Release of Liability**

Please Read Before Signing:

In consideration of being allowed to participate in any way in the Marine Science Camp Program offered by New Logic Educators, related event activities.

I \_\_\_\_\_ (*name of participant*), the undersigned acknowledge, appreciate and agree:

The risk of injury from the activities involved in this program can be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk the risk of serious injury does exist and,

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of releasees or others, and assume full responsibility for my participation and,

I willingly agree to comply with the stated and customary terms and conditions for participation.

If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMELSS, New Logic Educators, their officers, officials, agents and/or employs, other participants, sponsoring agencies, sponsors advertisers, and if applicable, owners and lessors of premises used to conduct event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

### **PARTICIPANTS INFORMATION:**

X \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

### **FOR PARTICIPANTS OF MINORITY AGE:**

(under 18 at time of registration), This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child involvement or participation in those programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

X \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Initial One: Child's Parent \_\_\_\_\_ Court Appointed Legal Guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_ Drivers License: \_\_\_\_\_

***ALL FIELDS MUST BE FILLED OUT***