



**Summer Floating Sea
Shipboard Camp
At Catalina Island**

2019 PREP PACKET



Greetings!

MSA is delighted to have you join us this summer for our Catalina Island Summer Floating Sea Camp! We are excited to give you a week filled with fun, learning and adventure!

Below you will find our checklist to help aid you in your preparations for camp, followed by important information. Please read this carefully for a full understanding of our program and how to get the most out of your adventure!

Thank you!

The Mountain and Sea Team.

Contact Information:

MSA Main Office

P.O. Box 950 San Pedro, CA. 90733

Phone: (310) 519-3172 Ext. 980 Fax: (866) 665-8821

office@mountainandsea.org | www.mountainandsea.org

Important Information

- 1 There are 11 pages to this document, be sure you have read every page. .
- 2 Please make sure all the paperwork needed for camp is filled out completely and brought to the Pier the morning of departure for camp. **ONLY SEND THE SPECIAL DIETARY/PHYSICAL NEEDS FORM TO THE OFFICE**. We must receive this form four (4) weeks before camp. Thank you!.
- 3 Participants cannot attend camp without all the forms signed and all payments received. Make sure the REQUIRED FORMS are accessible ([RENTAL GEAR DEPOSIT](#), [MINOR RELEASE](#), [WAIVER LIABILITY](#) and [DISCIPLINE POLICY](#), and [HEALTH HISTORY](#)) and ready to turn in when you arrive.
- 4 All participants should bring a lunch to enjoy onboard the boat for day one (1).
- 5 A cash gear deposit of \$30 will be required upon boarding the vessel from each participant. Deposits will be returned at the end of camp, providing there are no deductions for lost gear. See the form at the end of this prep packet.
- 6 Arrival Time: 8:00 am **please do not arrive early**. Check in is 8:15 am - 8:45 am. The Enhydra Boat is docked at 820 S. Seaside Avenue, Terminal Island, CA 90731 located behind the SCMI building. Please find parking on the street and follow the MSA signs and staff. Please do not enter or park in the parking lot as it is private. Please remember that the SHIP WILL NOT WAIT if you are late. The ship returns at 2 PM on Saturday at the same location.

if your child is attending a **three day camp**, he/she will return on Wednesday aboard the Catalina Express Ferry and will arrive at the Catalina Express Landing in San Pedro. Our office will send you specific instructions.
- 7 Phones and electronic devices are not allowed at camp so campers can enjoy the environment. We will collect any electronic devices at orientation. Please have your students bring a camera for pictures.
- 8 Parents may mail letters to their children. Letters to children should be mailed to the PO BOX below with your child's name, c/o MSA, P.O. BOX 950 San Pedro, CA 90733. Letters must arrive 5 Days prior to camp departure. We recommend delivering letters to MSA at registration. **Please no CARE PACKAGES allowed.**

- 9 We recommend store Cash \$5-10 per day for snacks plus additional dollar amount for MSA Logo Camp Memorabilia (i.e. Sweatshirts \$35, T - Shirts \$15, Hats \$15, and Water bottles \$9). Checks and Credit Cards are accepted for store payments.
- 10 Medication for minor participants: Medication must be in the original pharmacy bottle with detailed instructions. We must see a doctor's written prescription on the container. All medications must be in a ziplock bag with the participant's name clearly written. Do not pack medication in luggage. You will be turning in all medications at the registration table. Upon return, medications will be given to you at check out.
- 11 Please arrive with your bathing suit on under your clothing when boarding the boat. Also have a change of clothes and a towel easily available in a backpack. You will be getting into the water upon arrival to the island.
- 12 Please label luggage with participant's name, phone number, clearly written on the card. Participants need to be able to carry their own gear at least 100 feet in one trip. Luggage should be the size of carry on luggage + a sleeping bag and pillow.
- 13 Please do not bring unnecessary valuables. M.S.A. is not responsible for lost, stolen or damaged valuables.
14. Discovery Diving is an incredible experience for students to embark on but their are important regulations to abide by. Discovery Diving Participants - must sign up no later than one week prior to start of camp. If participant is under 13 years old, they must watch the required video with their parent. Cannot be on any medications or have any breathing issues such as asthma. For full participation, must have ALL dive related forms signed by parents.

**PLEASE DO NOT BRING SNACKS OR FOOD ITEMS TO CAMP UNLESS YOU HAVE
FOOD ALLERGIES AND HAVE BEEN APPROVED BY MSA.**

Emergency Contact

In the case of an emergency, protocol for incoming communication is as follows:

Parents - contact our office during regular business hours: **(310) 519-3172 Ext. 980**. Anything emergency after hours, please contact:

1. Barbara Keeler (Executive Ship Director) (949) 759-2004
2. Chad Wycoff (Vice President of Operations) (949) 285-5008

Please, no phone calls from parents unless there is an emergency.

Mountain & Sea Educational Adventures

RENTAL GEAR DEPOSIT

KINDLY PRINT, COMPLETE AND BRING WITH YOU TO THE PIER WHERE YOU ARE DEPARTING WITH \$30 CASH.

Please print this form, complete the form and include a \$30 cash deposit (no change given at the pier please) in an envelope with the participant's last name written on the envelope. This deposit will be returned provided all rental gear (fins, snorkels, etc.) are returned in good working order.

PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME
ADULT, PARENT OR GUARDIAN LAST NAME (if applicable)	ADULT, PARENT OR GUARDIAN FIRST NAME (if applicable)
\$30 CASH DEPOSIT RECEIVED BY MSA REPRESENTATIVE (name):	\$30 CASH DEPOSIT RETURNED BY MSA REPRESENTATIVE (name):

MINOR RELEASE FORM (if applicable)

Minors are only released from camp to individuals listed on this form. Anyone picking up a minor from camp must provide current identification that matches the information listed on this form.

MINOR LAST NAME:	MINOR FIRST NAME:
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I, _____ AS THE PARTICIPANTS PARENT
OR GUARDIAN authorize the following people to pick up the above named minor from camp
(PLEASE INCLUDE YOURSELF).

ONE	
ADULT'S NAME:	
ID OR PASSWORD:	PHONE:
RELATIONSHIP TO MINOR:	

TWO	
ADULT'S NAME:	
ID OR PASSWORD:	PHONE:
RELATIONSHIP TO MINOR:	

THREE	
ADULT'S NAME:	
ID OR PASSWORD:	PHONE:
RELATIONSHIP TO MINOR:	

DISCIPLINE POLICY

In order to run a smooth operation and to ensure a safe environment for all, the following behaviors can result in dismissal.

- | | |
|------------------------------------|--|
| 1 Fighting | 2 Stealing |
| 3 Possession of illegal substances | 4 Possession of weapons |
| 5 Refusal to obey rules | 6 Behavior that would put others at risk |

I, _____, understand that any misconduct resulting from the above will result in immediate dismissal at my own expense.

Signature of minor:

Signature of adult:

Health History

GENDER:	AGE AT TIME OF CAMP:	DOB:
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PARENT, GUARDIAN LAST NAME:	PARENT, GUARDIAN FIRST NAME:	MIDDLE:
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HOME STREET NUMBER	STREET	CITY	ST	ZIP
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HOME CONTACT NUMBER ()	BUSINESS CONTACT NUMBER ()
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BUSINESS STREET NUMBER	STREET	CITY	ST	ZIP
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EMERGENCY CONTACT NAME	CELL #
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2nd EMERGENCY CONTACT NAME	CELL #
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To the best of your knowledge, has the participant been exposed to a communicable disease within the last 21 days prior to this signing?	YES	NO
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Has the participant had any serious injuries? Explain:

CONCERNS REGARDING THE PARTICIPANT'S PHYSICAL ABILITY TO ENGAGE IN THESE ACTIVITIES SHOULD BE DISCUSSED WITH YOUR PHYSICIAN. ALL MEDICATIONS ARE ADMINISTERED BY A REPRESENTATIVE OF THE ORGANIZATION CONTRACTING THESE SERVICES.

CHECK ANY OF THE FOLLOWING HEALTH PROBLEMS THAT APPLY:

<input type="checkbox"/> HYPERTENSION <input type="checkbox"/> EAR INFECTION <input type="checkbox"/> BLEEDING/ CLOTTING <input type="checkbox"/> CONVULSION/ SEIZURES <input type="checkbox"/> ASTHMA	<input type="checkbox"/> CHRONIC/RECURRENT ILLNESS <input type="checkbox"/> HERNIA <input type="checkbox"/> DIABETES <input type="checkbox"/> DRUG REACTION <input type="checkbox"/> HEART DISEASE	<input type="checkbox"/> RECENT BROKEN BONES <input type="checkbox"/> INSECT BITE ALLERGY <input type="checkbox"/> HAY FEVER, ALLERGIES <input type="checkbox"/> FAINTING SPELLS
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NAME OF PHYSICIAN: _____
PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE NUMBER (INCLUDING AREA CODE): _____.

DATE OF LAST PHYSICAL:

DATE OF TETANUS SHOT:

HEALTH HISTORY (CONT.)

NAME OF INSURANCE CARRIER

INSURANCE STREET NUMBER

STREET

CITY

ST

ZIP

INSURANCE PHONE NUMBER (INCLUDING AREA CODE):

IMPORTANT: The following must be completed or attendance will be denied.

I also understand and agree to abide with the restrictions placed on my activities!

EMERGENCY AUTHORIZATION: I do hereby give permission to the medical personnel selected by the Camp Director to order X-ray, routine tests and treatment for the participants named above. This form may be photocopied for use at our locations.

I AGREE WITH ALL TERMS OF SERVICE AND HAVE REPORTED INFORMATION AS ACCURATELY AS POSSIBLE TO MY KNOWLEDGE.

WAIVER OF LIABILITY

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Mountain and Sea Educational Adventures, its directors, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned and all his or her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in anyway involved in or participating in any programs organized by or affiliated with Mountain and Sea Educational Adventures.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the undersigned or such children in anyway participating in, observing or engaging in any programs organized by or affiliated with Mountain and Sea Educational Adventures whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasee or otherwise while in anyway participating in, observing, or engaging in any program organized by or affiliated with Mountain and Sea Educational Adventures.

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. THE UNDERSIGNED agrees to allow Mountain and Sea Educational Adventures to film or photograph your child solely for the purpose of marketing our program. Any derivation from this must be arranged in writing one month before the date that programming commences.

6. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statement or inducement apart from the foregoing written agreement have been made.

SIGNATURES:

Signature of adult (as applicable)	Date:
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Signature of minor(as applicable)	Date:
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WITNESS:	Date:
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**SPECIAL DIETARY AND PHYSICAL NEEDS or
RESTRICTIONS**

NAME

DIETARY NEED

Bring all forms completed and signed in with you to camp at check in

SUBMIT ONLY THIS FORM TO: Via Fax 866-665-8821 or email:

office@moutainandsea.org prior to camp.

PACKING LIST:

REQUIRED MSA FORMS

(given in advance to your organizer)

- | | |
|--|---|
| <input type="checkbox"/> Hawaiian attire for our Hawaiian Luau | <input type="checkbox"/> \$30 cash for gear deposit and gear form |
| <input type="checkbox"/> Modest bathing suit | <input type="checkbox"/> Change of clothing for length of stay |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Shoes (2 pair: hiking & a pair that can get wet) |
| <input type="checkbox"/> Hat, sunglasses | <input type="checkbox"/> Flashlight with extra batteries |
| <input type="checkbox"/> Toiletries | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Towel | <input type="checkbox"/> Spiral notebook (5 x 7 or larger) |
| <input type="checkbox"/> 2 Pens/pencils | <input type="checkbox"/> Water bottle, plate and mug |
| <input type="checkbox"/> Day pack (backpack) | <input type="checkbox"/> Sleeping bag, bottom sheet for bunk |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Plastic bag for wet items |
| <input type="checkbox"/> Wetsuit, mask and snorkel (optional) | <input type="checkbox"/> Camera and binoculars (optional) |
| <input type="checkbox"/> Insect repellent | <input type="checkbox"/> Willingness to have fun and learn! |
| <input type="checkbox"/> Fishing pole & tackle (optional) | |

Store Cash \$5.00 A day for snacks plus additional dollar amount for MSA Logo Camp Memorabilia (i.e. Sweatshirts \$35, T - Shirts \$15, Hats \$15, and Water bottles \$9).

PLEASE DO NOT BRING SNACKS OR FOOD ITEMS UNLESS APPROVED.

DO NOT BRING TO CAMP:

Electronic Games, Cell Phones, MP3 Players

Suitcases (pack everything in a soft pack) Skimpy clothes (i.e. bikinis, short shorts, halter tops, etc.) **No open toe shoes during drop off.** No Bad attitudes. We discourage bringing unnecessary valuables. MSA is not responsible for lost or stolen items.

**PLEASE DO NOT OVERPACK!
STUDENTS MUST BE ABLE TO CARRY THEIR OWN GEAR IN ONE TRIP!**