



a nonprofit membership organization dedicated
to improving and protecting our coral reef ecosystem

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Coral Camp Registration Form- Scholarship Application

Today's Date: _____

Camper's Name: _____

Camper's Age (at time of camp session): _____

Parent or Guardian's Name: _____

Email address: _____

Mailing address: _____

Parent or Guardian's contact telephone: _____

Alternate contact telephone: _____

T-Shirt Size (Indicate Youth or Adult): _____

Week: Rank your top three choices. 1 being most preferred. You may not be awarded your preferred week due to limited availability.

☐ Week 1: June 2-6

☐ Week 6: July 14-18

☐ Week 2: June 9-13

☐ Week 7: July 21-25

☐ Week 3: June 16-20

☐ Week 8: July 28-August 1

☐ Week 4: June 23-27

☐ Week 9: August 4-8

☐ Week 5: July 7-11

Limited scholarships are available per week. Only a handful of scholarships are available to the public, the rest are awarded to teachers and local organizations that support underprivileged youth. Only one scholarship may be awarded per child per year. A maximum of three scholarships may be awarded per family. Please note that scholarships are awarded first come first served. Please note that if you have previously been awarded a scholarship and canceled for reasons other than illness, injury, or family emergency, you may not be considered.

I, _____ have read the above statement and understand the information.

For staff purposes:

Received By

Date

Approved or Denied

Informed Consent and Acknowledgement I hereby give my approval for my child's participation in any and all activities prepared by Reef Relief during the camp. In exchange for the acceptance of said child's candidacy by Reef Relief, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Reef Relief and all its respective staff, officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from camp session. In case of injury to said child, I hereby waive all claims against Reef Relief including all staff and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all activities, including snorkeling. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Photography Release I grant permission to Reef Relief, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Reef Relief for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release Reef Relief and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

Medical Release and Authorization As Parent and/or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named camper. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to Reef Relief and its affiliates including Directors, Staff and Crew Members to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Confirmation BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.

Name of Camper

Name of Parent or Guardian and date

Signature