

Waves of Wellness

Surf Camp

July 8-12 || 9:00 am – 2:00 pm

1181 S. Orlando Ave Cocoa Beach, FL 32931



REGISTRATION AND LIABILITY WAIVER

About our Camp:

Waves of Wellness is a wellness and surf camp focused on introducing campers aged 7-13 to basic mental health self care and coping skills ideas and practices through surfing instruction, yoga, team sports and art projects.

About Waves of Wellness Inc:

Waves of Wellness Inc. is a non-profit 501(c) (3) established in 2022 to offer children and adolescents in Central Florida the opportunity to learn and engage with mental health ideas with the goal of better equipping families for the mental health crises experienced by 21st century youth.

About our volunteer staff:

Our volunteer staff is composed of mental health professionals, collegiate athletes, and skilled surf instructors. The majority of the staff is CPR certified.

About the facility:

Camp activities will occur in unincorporated Brevard County in Cocoa Beach, Florida. Surfing, volleyball, and lunch will occur on the beach directly south of 16th Street. Yoga and art sessions will occur in the community garden of Peace Club, Inc, located at 1811 South Orlando Avenue Cocoa Beach FL 32931. Restrooms are accessible inside Peace Club.

Camper Requirements:

- Campers are required to know how to swim independently from personal floatation devices.
- Campers must bring their own towels, swimsuits, change of clothes, sandals or shoes, and sunscreen.
- Campers must bring their water bottle. Lunch, water, and snacks will be provided by WOWSC. If campers do not wish to partake in lunch provided, Uncrustables will be provided as an alternative, or they may bring their own lunch.

What Waves of Wellness Surf Camp (WOWSC) IS and IS NOT...

- WOWSC **IS** a 5-day camp for children and adolescents designed to introduce campers to basic mental health self care and coping skills practices through surfing, ocean safety, art, team sports (volleyball/spikeball), and yoga.

- WOWSC **IS NOT** mental health, psychological, or psychiatric services. Any ideas or instructions related to mental health that are shared or discussed by WOWSC volunteers, staff, or presenters are psychoeducational in nature and are not intended to diagnose or treat mental health issues.
- WOWSC **IS NOT** intended to make campers better at surfing.
- WOWSC **IS** intended to increase campers' comfort with the ocean.
- WOWSC **IS NOT** intended to teach campers to swim.

MEDICAL INFORMATION and SPECIAL CONSIDERATIONS

Check any that apply to your child. With awareness of your child's needs, staff may be able to modify activities and techniques for inclusiveness.

- No specific medical or behavioral condition
- Food allergies - please specify _____
- Non-food allergies - please specify _____
- Any physical, emotional or behavioral conditions, including cognitive, LD, ADHD, or Autism Spectrum Disorder requiring medication, special restrictions or considerations while at camp- Please specify

List activities from which the camper should be exempted for health reasons or require special accommodations:

Please note it is your responsibility to supply any necessary medical equipment that relates to a specific medical condition.

Medications: List below all medications, including EpiPen, asthma inhaler, over-the-counter or non prescription drugs, taken regularly. *If your child needs to take medication or you expect camp staff to dispense medication to your child during camp hours, you must also complete the separate Medication Dispensing Information, Waiver and Release Form.*

MEDICATION	DOSAGE	TIME TAKEN	REASON
1.			
2.			
3.			

PERMISSION TO SECURE TREATMENT

In the event of any emergency, I authorize Waves of Wellness Surf Camp to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

Signature of Parent of Guardian

Print Name

PERMISSION FOR PHOTO RELEASE OF MINORS

I _____ (parent name) grant permission for _____ (child name) to be photographed, videoed, and interviewed by representatives of Waves of Wellness during their participation throughout the camp week.

I understand that these videos/photographs may be used for promotional purposes, including but not limited to social media, marketing materials, websites, and any other promotional materials.

Signature of Parent of Guardian

Print Name

OFFICIAL REGISTRATION FORM

Name of Participant: _____

Name of Parent or Guardian: _____

Address _____

City _____ **State** _____ **Zip** _____

Parent Cell: _____ **E-mail address**

Participant Date of Birth ____/____/____ **Age:** _____ **Grade Level:** _____

Gender Male Female Non Binary

Please check Youth shirt size* XS S M L XL

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

I intend to be legally bound and do hereby for myself, my heirs, and executor, waive all rights and claims for damage which may occur to me against **Waves of Wellness Inc.** and other named organizations of this event, or any subsidiary or political division thereof, its officers, agents, successors, representatives, assigns from all claims and liabilities of any kind that may arise from the Waves of Wellness though that liability may arise out of negligence or carelessness on behalf of the persons on this waiver. If I should suffer injury or illness, I authorize representatives to use their discretion to have me transported to a medical facility. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury; knowing this, I am entering this event at my own risk.

SIGNATURE

SIGNATURE OF PARENT FOR THOSE UNDER 18

DATE