

RISING
6TH - 9TH
GRADERS



JUNE 23 - 27 * 9AM - 4 PM

KODIAK COASTAL CONNECTIONS CAMP

Ocean Science Discovery Lab at Kodiak Fisheries Research Center
301 Research Ct. - Near Island

Space is limited
Register by May 30th

Cost:
\$75
For Snacks
and Supplies

Activities

- Kayaking
- Wild Life Boat Tour
- Tidepooling
- Science and Art!

Information:

KodiakCoastalCamp@gmail.com ☎ Sara: 907-942-2812 or Tricia: 425-263-0404

If more than 10 students register, participation will be determined by lottery.

A special thank you to our partners and sponsors!



Exxon Valdez
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Trustee Council



Community Organized
Restoration and Learning



KODIAK COASTAL CONNECTIONS CAMP

2025 Registration Packet

Lottery #:	Payment Date:
Cashier Initials:	Amount and Method Paid:

Camper Info

Camper's Name: _____ Age: _____

Please write legibly and use preferred name. Camp materials will be created from this name.

Email Address for camp correspondence:

Grade in Fall 2025: _____ School: _____

T-Shirt size (circle one): Youth **SML** Adult **SML**



Guardian Info

Parent/Guardian Info:

Name(s) _____ Phone # _____



Emergency contacts:

Name(s) _____ Phone # _____



Cost

Camp Fees are \$75 for snacks and supplies

Payment will be made by cash or Venmo after acceptance.

If you are using Migrant Program funds, you will need to coordinate with that program to arrange payment. Fee waivers are also an option.

Camp participation should not be a financial burden to families.

Please let us know if you need assistance.

Details

Registration paperwork is due by May 30th.

Please scan and email signed forms to KodiakCoastalCamp@gmail.com or print and deliver to Tricia Nash at KIBSD Central Services, room F101.

If more than 10 students register, participation will be determined by lottery. We will notify families of lottery results by phone call, text, or email. If selected for camp, please confirm acceptance by June 6th.

Students will need to bring a healthy sack lunch, a water bottle, and outdoor gear appropriate for each day's weather: raincoats, boots, layers, etc. We will be spending a lot of time outside, tide pooling, kayaking, beach combing, walking and boating.

Camp details and information will be emailed prior to camp start.



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Medical Release

I, _____, parent/guardian of _____, in consideration of my child's opportunity to participate in activities, hereby give consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of illness or injury during all periods of time in which the student is away from his/her legal residence as a member of a School District sponsored activity team or group, and hereby waive on behalf of myself and the above named child, any liability of the School District, and of its agents, or employees arising out of such medical treatment.

Parent/Guardian Signature

Please list any of your child's known allergies, medical conditions, or health needs that we should be aware of:

Is there any information that we should know to help ensure your child has a positive week at camp? Any information shared is confidential.

Media Release

I understand that as part of my child's participation in this activity, photos, videos, and quotations may be taken for use in publications, the KIBSD website, and reports about the program. I further understand that members of the news media may be invited to cover the program and may take photos, videos, and quotations. I grant permission for such materials to be used to promote the program.

Parent/Guardian Signature

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