



Prepare for your Call of the Sea Voyage

During this voyage, you will:

- Explore the marine environment and learn about marine biology
- Learn the importance of being good stewards of the ocean.
- Develop friendships and new physical skills.

No sailing experience is necessary, but participants must be willing to endure or overcome seasickness if it occurs. All campers need the physical stamina to carry out tasks such as lifting, pulling, and climbing. You may find it challenging, but you will soon have new friends sharing the experience with you and will learn to help each other. We're excited to sail with you on a voyage of a lifetime!

We want your trip to be fun and safe so we need you to help us by following these rules:

1. Be polite and cooperative with other participants and the crew.
2. Respect the rules and follow directions carefully, especially while sailing or swimming.
3. Absolutely no drugs or alcohol.

Electronic equipment is not allowed to be used onboard (cell phones, ipods, etc). This is for the safety of the vessel, the success of the program, and the safety of your gadgets! If you bring electronics, they will be collected at the beginning of the trip, stored in a safe place, and returned at the end. You may bring a separate camera. There will be a crew member taking pictures during the trip and we will be happy to share photos with you at the end of the voyage.

Upon arrival, you must check in any over-the-counter and/or current prescriptions, vitamins, and supplements with Call of the Sea staff. Please follow the instructions in the medical form for packaging and labeling medications needed during the trip. Please inform us of dietary restrictions and preferences well before the voyage start date.

We expect you to have a positive attitude. The crew will discuss guidelines and expectations with you at the beginning of the trip. If you act in an inappropriate manner, your parent/guardian will be contacted, and in extreme circumstances, Call of the Sea reserves the right to expel you from the trip without any refund.

Safety and communications

Our vessels are inspected regularly and certified by the United States Coast Guard. We ensure this vessel is maintained and operated in the safest way possible. View the [Safety at sea document](#) for detailed information about Call of the Sea's Safety Protocol. Our crew of professional mariners and educators are experienced in providing safe educational and fun adventures at sea. As required by the US Coast Guard, our Captain and Mate are licensed mariners.

All crew are enrolled in a random drug-test program and are compliant. All crew and staff that work with youth have been background checked. All crew are above the age of 21. [Read more about our current crew](#)

Office staff is in communication with the ship on a daily basis. If an accident or injury happens at sea, or if your child needs to be removed from the vessel, we will contact the emergency contact person listed in the medical form as soon as possible. If you need to reach your youth during their program, contact Call of the Sea staff to relay the message:

1. Primary Emergency Contact, Operations Manager Sylvia Stompe: 415-384-1061
2. Secondary Emergency Contact, Executive Director Steven Woodside: 707-529-7775

First Day:

The ship is docked at the Bay Model Pier, located at 2100 Bridgeway in Sausalito, California, unless otherwise specified. Please arrive 15 minutes before start time on the first day of your program. We generally start and end at noon—please confirm with your program organizer if they have a custom start/end time. Our staff will meet you outside of the Bay Model Visitor Center to check you in. There is plenty of parking on-site and a restroom on shore. Please have your youth participant eat breakfast on the first day, as their first meal on-board will be lunch (if the start time is noon).

Last Day:

Please pick up your youth at pick-up time on the final day of the trip. We typically end our program at noon—*please check with your lead organizer if they have a custom start/end time*. There will be an opportunity for parents and families to come aboard Seaward at this time. Participants will eat breakfast on their last day and have snacks available. Lunch will *not* be provided on the last day (unless it is requested as part of a custom program).

Packing List: Pack in soft luggage (duffel bags, etc.) No hard-sided suitcases. Limited space available onboard.

- Sleeping bag, optional. You will be provided with a mattress, sheets, pillow and light blanket.
- If you wear glasses, bring a second pair. If you wear contact lenses, bring glasses as well.
- Toiletries: Toothpaste, toothbrush, etc. No hair dryers or electronic equipment.
- Water Bottle, rigid, reusable, ideally with a clip to secure it on deck while underway.
- Sunblock & chapstick SPF 15 or greater
- Towel: Light and quick drying
- Underwear & socks, 6-8 pair
- Close-toed shoes – non-skid/rubber soled, 2 pairs –Boat or tennis shoes, flip flops not allowed
- Quick drying T-shirts, 5-6
- Long Sleeve shirts, 2-3
- Shorts, 1-2 pair
- Long pants, 1-2 pair
- Wool Sweater or Fleece. Cotton is not recommended as it is slow to dry.
- Rain Jacket and Pants: Even though rain may be unlikely, sea spray is common
- Pajamas
- Swim Suit
- Ski Cap or warm “winter hat”. It gets very chilly at sea.
- Sun Hat with a tie: Broad brimmed is best. Ball caps can blow away

Clothes should be comfortable and easy to move in. They may get torn or stained, so do not bring items you would hate to lose. Clothes that dry quickly are best, such as synthetic fibers: fleece, polyesters and nylons. Avoid denim, thick towels, and heavy cotton sweatshirts which will not dry quickly.

Medications (prescription or over-the-counter) for youth must be packed in a Ziploc bag with clear instructions on when they must be dispensed. This includes vitamins and supplements. If the medication is “as needed”, please include that in the instructions. Medications will be collected and distributed by a supervising adult. (Please note that the ship is equipped with a first aid kit so you do not need to send those with your student.)

Optional Items: Writing material, reading material, musical instruments, ziploc bags (waterproof packaging), baby wipes (don't count on showers), sunglasses, small flashlight, warm gloves, rain boots.

Required paperwork

Four weeks before your voyage, the medical, liability waiver and photo release forms must be completed, signed and submitted. Forms can be scanned and emailed to info@callofthesea.org or mailed to the address below.



Medical form for Youth Participant

Please FILL in EVERY bank. Mark N/A if not applicable.

Program Start Date: ____/____/____

Participants Name _____

Gender (circle one): M F Age at program start _____ Birthdate _____

Name (s) parent/guardian(s) _____

Address _____

City, State, Zip _____

Day Phone: (____) _____ Evening or Cell Phone: (____) _____

Email address: _____

Name and Relationship of Emergency Contact: _____

Phone Number of Emergency Contact: _____

Section 2: Health Information

Family Physician: _____

Phone (____) _____

Physician's Address: _____

Is applicant covered by any hospitalization/ medical care policy? (Circle one) Yes No

Does the participant have any health problems, pre existing conditions, or recent injuries of which the ship's medical officer should be aware of? If yes, please explain:

I authorize the following over-the-counter-medications to be administered as needed
(Circle the Medications PERMITTED)

Acetaminophen (ex Tylenol)	Loperamide (ex. Imodium)
Cough Drops (ex. Chloraseptic)	Calamine Lotion
Bismuth Subsalicylate (ex. Pepto Bismol)	Diphenhydramine (ex: Benadryl)
Pseudoephedrine (ex: Sudafed)	Aspirin/ Ibuprofen (ex. Advil)
Cough Syrup (ex. Robitussin)	Seasickness medication (ex. Dramamine, Bonine, Meclizine)

Does this person carry an inhaler or Epi-pen? (Circle one) YES NO

This person takes NO MEDICATION on a routine basis. (Circle if applicable)

This person takes medication as follows (Please list medication, name dosage, and specific time taken each day for each medication. You may write "As needed" if the medication is only taken when needed)

1. Medication: _____

Dosage _____ Times Taken: _____

2. Medication: _____

Dosage _____ Times Taken: _____

3. Medication: _____

Dosage _____ Times Taken: _____

4. Medication: _____

Dosage _____ Times Taken: _____

Instructions for all medications participant may take on board:

On an index card or separate slip, list ALL medications taken along with dosage and frequency of administration. This includes over-the-counter and prescription drugs. Place the list in one zip closed bag in the original packaging, which identifies the medication name and prescribing physician (if applicable). All youth medications will be administered by a supervising adult.

List any allergies (Medications, insects, plants, latex, etc.)

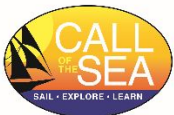
Dietary Restrictions or food allergies (Vegetarian, nut allergy, seafood allergy, strong dislikes)

All medical information submitted is for the sole use of Call of the Sea and its medical advisors. Consent is hereby given for the applicant to participate in a Call of the Sea program and permission is given for any emergency transportation, hospitalization, anesthesia, operation or other treatment which might become necessary. All information will remain confidential in the hands of the vessel's captain during the program. If, for religious or other reasons, you wish to NOT authorize treatment, please attach a letter of explanation.

parent/legal guardian (please print) Name of

parent/ Legal Guardian or Participant (if over 18) Signature of

Date _____



RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK

(parents/legal guardians of a minor participant are required to sign a copy of this document before the participant boards)

The undersigned parent or legal guardian of: _____ (herein referred to as "Child"), request that my Child be allowed to board and/or sail on a vessel (herein referred to as "the Activity"), owned and operated by Call of the Sea ("COTS"). I recognize that there are inherent risks involved in the Activity. These risks include, but are not limited to injuries which can occur while visiting waterfront areas, docks, ramps, gangways and sailing on bays, rivers and the ocean. The risks include, but are not limited to, tripping, falling, slipping, losing balance, falling overboard, drowning and broken bones. I recognize that the risks include the possibility of serious personal injuries and death. I am choosing to have my Child participate in this Activity in spite of these risks. **(Please initial to indicate you have read this paragraph._____)**

I further acknowledge that sailing is a hazardous sport and I, on behalf of my minor Child, hereby assume the risk of all dangerous conditions involved in such activities. On behalf of my Child and myself, I hereby waive any and all specific notice of the existence of any such conditions.

(Please initial to indicate you have read this paragraph._____)

On behalf of my Child and myself, I hereby release, waive and relinquish to the fullest extent permitted by law, any and all claims of any sort whether in tort, contract, equity or otherwise, which I or my child, our heirs, administrators, executors and assigns may or could have against COTS, its vessels, officers, directors, committees, volunteers, agents, attorneys and/or employees arising out of or in any way connected with my Child's participation in this Activity, for any injuries, death or property damage which I or they may suffer or sustain. **(Please initial to indicate you have read this paragraph._____)**

In addition to the release and waiver of liability described above, I agree that I shall indemnify, defend and hold harmless COTS its vessels, officers, directors, committees, volunteers, agents, attorneys and/or employees for any costs or liabilities which they may incur as a result of my Child's participation in the Activity. If any lawsuit, action or legal proceeding should be brought against COTS by reason of any such claims or alleged liability, the undersigned agrees to defend such action or proceeding at the undersigned's sole expense by counsel reasonably satisfactory to COTS.

(Please initial to indicate you have read this paragraph._____)

I further expressly agree that the foregoing release, waiver and assumption of risk is intended to be as broad and inclusive as is permitted by law and that if any portion, clause or sub-clause hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK, AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name: _____

Signed: _____

Date: _____ Participant's Age: _____

Parent/Guardian Name: _____

Signed: _____

Date: _____

PHOTO RELEASE: Leave box unchecked if you will allow photos to be shared

I do NOT give permission to Call of the Sea to share photos of my child, taken during educational programming, in the media.

Name: _____

Signed: _____
(Parent/Guardian Name) (Signature)

Date: _____