CAMP DISCOVER

Summer Camp 2026 Registration Packet

Read through ALL of the parent guide. ***Print and sign pages 5-9*** *and email to* ***esomoza@fiu.edu*** ***BEFORE*** *the first day of camp.*

Overview: Camp Discover is a summer camp based at Florida International University's Modesto A. Maidique campus. It provides campers with a fun-filled summer of project-based learning and field experiences through the College of Arts, Sciences and Education (CASE).

Campers are immersed in concepts ranging from marine and environmental science, to space exploration, physics and technology. Featuring experts across the university, campers engage in STEAM (Science, Technology, Engineering, Arts and Mathematics) activities, labs, educational field games, crafts and more!

Important Contacts

Erika Somoza, Camp Director
Phone: 786-361-7828
Email: esomoza@fiu.edu

Camp Hours

9:00 AM – 4:00 PM
Early Care: 8:00 AM – 9:00 AM
Late Care: 4:00 PM – 5:00 PM

Camp Weeks and Themes

Blast Off (Space Physics)

Week A: June 08 – June 12

Key topicsE lectromagnetic spectrum, aerodynamics and space physics

Journey beyond the stars to learn about space travel, our solar system and astronomy. Through hands on activities learn from experts at FIU the different ways physicists and astronomers study the stars and beyond.

Go Green (Tropical Conservation)

Week B: June 15 – June 19

Key topics:Tropical conservation, environmental resilience and sustainability

Venture into real world issues that impact ecosystems in Florida and around the world. From the Everglades to Hardwood Hammocks, learn about local habitats and the plants and animals native to South Florida.

Get Innovative (Design Thinking)

Week C: June 22 – June 26

Key topics:Creative process, design thinking and problem solving

FIU researchers are working to find solutions to real world issues impacting communities and ecosystems around the world. Learn new approaches to respond to challenges.

Splash Down (Marine Science)

Week D: June 29 – July 02

Key topics: Marine science, coastal habitats and coral reefs

Discover what lies beneath the waves and learn what it takes to be a marine scientist. Experience the connectivity of ecosystems like coral reefs, mangrove forests and the wildlife that make up the food webs.

Camp Costs

Full Week Rate: $350
FIU Employee Full Week Rate: $325
Full Session (4 weeks: $300/week) Rate: $1,200
Before/After Care: $60/week
Lunch: $60/week
Extra T-shirt: $10/shirt
Camp Bag - including bug repellent, sunscreen, hat, water bottle and t-shirt: $50/bag

FIU employees can use payroll deduction by filling out the **Payroll Deduction Authorization Form** and emailing it to **esomoza@fiu.edu**. If you choose this payment method, you will not receive a payment link. However, you must submit your form to secure your camper's spot.

Camp Groups

We are accepting **40 campers** maximum per week. Camp is open to **ages 6-14**. Campers will be separated by age level based on numbers that week into the following groups:

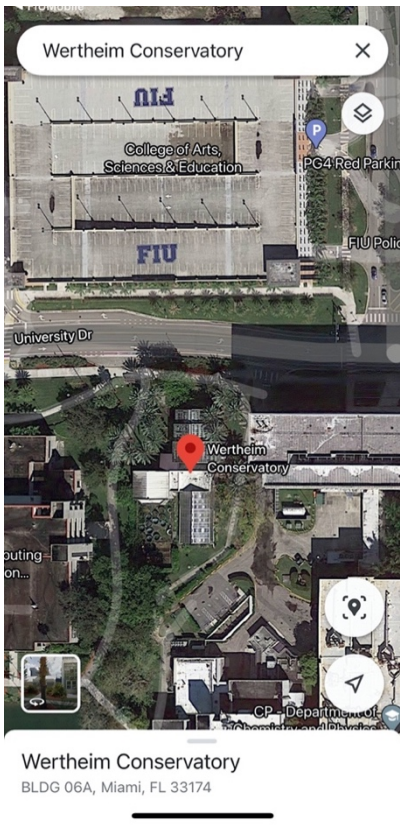
- Jr. Scientists: 6-9
- Investigators: 10-12
- CIT: 13-14 (see below for more information)

Counselor in Training (CIT) program (13-14 y/o)

Campers aged 13-14 are invited to participate in our CIT program. Campers will be engaged in a more rigorous experience during this program. They will be assigned a mentor who will guide them. CITs will also learn valuable skills as an assistant to the Counselors and Jr. Counselors. This gives them the opportunity to engage in a higher level of learning, gain leadership and teamwork experience while building their resume.

Lunch

Campers can bring their own lunch or purchase lunch from a set menu through us from the FIU 8th St. Campus Kitchen's for $60/ week. Accommodations can be made for dietary restrictions.



Drop off & Pick up Procedures

The drop-off and pick-up location will be at the **Wertheim Conservatory** **(WC) Room 130** located at the Modesto A. Maidique Campus, 11200 S.W. 8 Street, Miami, Florida 33199. **Campers should be dropped off no later than 9:15 am and picked up no later that 4:15 pm.**

On-campus Directions to Wertheim Conservatory (WC)

Upon entering Modesto A. Maidique Campus (on SW 107th Avenue), turn left onto 10th Street. Continue straight and you will see WC on your left-hand side next to the green house. See **Google Maps** for in-depth instructions.

Photo ID Required for Pick-up/Dismissal

All persons authorized to pick-up campers during parent pick-up and/ or throughout the day must present photo ID. If the person picking up the camper differs from the name on the registration form, signed written authorization from the parent/guardian must be emailed ahead of time to **esomoza@fiu.edu** and presented at pick up.

Dress Code

All campers will receive 1 camp t-shirt per week as part of the program fee. Campers must wear the summer camp t-shirt daily. Additional t-shirts can be purchased.

Campers **MUST** wear sneakers. NO open-toe shoes or crocs allowed.

Water Day

Water Days will take place on **TUESDAYS**. These days are subject to change based on weather. Please be sure your camper is dressed in their bathing suit under their camp clothes and that they bring a towel and change of clothes. Campers should arrive on time to not miss out on the fun!

Field Trips

Field trips will take place on **THURSDAYS** and are subject to change. Information about BUS ARRIVAL and BUS DEPARTURE will be given on WEDNESDAY afternoons.

Responsibility of Camper Belongings

We will have a lost and found area located in the Camp Office. Please label all your camper's belongings. The camp staff will not be responsible for personal items campers bring to camp.

Camp Staff

Counselors are assigned groups that remain constant for the duration of the program. Each group will be under the direct supervision of two Counselors (professional with experience working with children) and Junior Counselors. All camp staff must clear a level 2 background check and must attend a mandatory training session prior to camp start date. Staff is trained on University policies and procedures regarding camp supervision, safety, and responding to first aid needs.

Media Release Form

FIU may produce promotional materials that involve the use of the camper's name, likeness or voice. Material may be used for marketing, educational or exhibition purposes by FIU.

Medical Insurance/Medical Authorization

All campers must provide proof of valid and current medical insurance coverage. FIU shall obtain a signed Medical Authorization for each camper.

Allergies, Dietary Needs, Medical Attention Needs

Parent/Guardian is responsible for disclosing to Camp Director and Lead Counselor any special allergies, dietary or medical needs of the camper.

Administering Medication

The camp staff is prohibited by law from administering or distributing any medication without a physician's order. In order to distribute medication to your camper, Camp Discover must have a completed and signed Over-The-Counter Medication Form and/or a Prescribed Medication Permission Form on file.

Camp Discover cannot accept telephone permission to administer medication to campers. All medication must be provided in its original container and will be administered by Camp Office staff. The form will be available upon request.

Accident/Illness Policy

Please do not send your child to camp if he/she feels ill. Parents are advised to keep their camper(s) at home if they've experienced any of the symptoms below in the last 24 hours:

- Fever 100 degrees F or more
- Diarrhea or abdominal cramps
- Head Lice
- Unidentifiable or contagious rashes
- Eye, ear, or throat infections that inhibit "normal" play
- Nausea and/or vomiting
- Any known or suspected communicable disease
- Persistent headaches

Any camper with the above signs and symptoms will be directed to our summer camp office and the parent/guardian will be notified immediately. If a parent/guardian is not available, a phone call will be made to the emergency contact person. If the emergency contact person is not available, the child will be kept comfortable until someone is reached. In case of serious injuries/illnesses (concussions, broken bones, severe cuts, internal trauma, spike in temperature, etc.), "911" will be called, followed by the parent/guardian.

Following an illness, campers will be readmitted to the program when they have no longer exhibited the above symptoms for at least 24 hours, without the aid of medication.

Release, Waiver of Liability and Assumption of Risk Form

All campers must sign and submit a Release, Waiver of Liability and Assumption of Risk form releasing FIU from all liability related to participants' participation in the camp.The Release, Waiver of Liability and Assumption of Risk form for parents/guardians to sign on behalf of campers is included in this registration packet. Form must be signed by lawful parent(s)/guardian(s) prior to camp start date.

ADA Accommodation

Should you need an ADA accommodation to participate in a University event, program, or activity or need to request materials in an accessible format, please contact FIU's Office of Civil Rights (OCR) at 305-348-2785 or accommodations@fiu.edu. All requests for ADA accommodation or accessible materials for this event must be submitted to OCR at least seven (7) business days prior to the event or at the earliest possible opportunity.

Cancellation/Refund Policy

Cancellations must be requested in writing by emailing nogle@fiu.edu.

Cancellations before April 15, 2026 will be issued a 50% refund. Cancellations after April 15, 2026 will not be eligible for a refund.

All refunds will be subject to a 6% service charge.

No refunds will be issued for missed days or absences from camp. Refunds will not be issued nor camp make-up days be incorporated in the event of absences, natural disasters or unexpected university closures.

Continue to visit go.fiu.edu/casecamps regularly for program updates.

PARENTAL/GUARDIAN CONSENT & MEDICAL AUTHORIZATION

I, the undersigned, am the parent or legal guardian of _____, a minor child, younger than 18 years of age, ("My Child"), whose address is _____. I acknowledge that My Child has been provided with the opportunity to participate in **CASE CAMPS (Discover and/or Explore)** (the "Program") on The Florida International University Board of Trustees' ("FIU") **Modesto A. Maidique Campus and/or Biscayne Bay Campus** in Miami, Florida from **June 08, 2026 to August 07, 2026.**

I, the parent or guardian of My Child, do hereby authorize that FIU, through its agents or employees, take whatever steps necessary to secure medical treatment for My Child in the event My Child appears to be, at the sole discretion of FIU, in need of such treatment while attending the Program. Furthermore, I understand and acknowledge that by signing this authorization form, I hereby consent to the rendering of all necessary medical treatment to My Child, which may include, but may not be limited to, My Child's admission to a hospital or other appropriate health care facility, in such institutions and at such places as FIU, in its sole discretion, acting through its agents or employees, deems appropriate. I authorize the agents or employees of FIU to execute whatever forms and/or actions which might be necessary to ensure complete and adequate care of My Child and guarantee payment of all charges incurred as a result of any medical treatment or emergency transportation deemed necessary.

By signing this Parental/Guardian Consent & Medical Authorization, I acknowledge and represent that: (i) I have read and understood this document; (ii) I am signing this document voluntarily and for full and adequate consideration, fully intending to be bound by the same; (iii) I am at least eighteen (18) years of age and am of sound mind and body; and (iv) I authorize the release of medical insurance information listed below by FIU to whomever has a need-to-know. I understand that this is a legal document which is binding on me, my heirs, executors, administrators, and assigns and on those who may claim by or through me.

_____ _____

Medical Insurance Company Name Group Number/Member Number/Plan Number

_____

Parent or Guardian (print name)

_____

Address of Parent or Guardian

_____

Home, Work and Mobile Phone Number(s) of Parent or Guardian

_____

Parent or Guardian Signature Date

RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK (MINORS)

I, the undersigned, am the parent or legal guardian of _____, a minor child, younger than 18 years of age, ("**My Child**"), whose address is _____. I acknowledge that My Child has been provided with the opportunity to participate in **CASE CAMPS (Discover and/or Explore)** (the "**Program**") on The Florida International University Board of Trustees' (the "**University**") **Modesto A. Maidique Campus and/or Biscayne Bay Campus**, in Miami, Florida, from **June 08, 2026 to August 07, 2026** on the University's premises, specifically described as _____ (the "**Premises**").

I give the University authority to (i) record the likeness and voice of My Child on a video, audio, photographic, digital, electronic or any other medium and to use My Child's name in connection with these recordings; and (ii) use, reproduce, exhibit or distribute these recordings in whole or in part in perpetuity in any and all media throughout the universe (including, but not limited to, print publications, video tapes, non-theatrical, home video, CD-ROM, internet and any other electronic or other medium presently in existence or invented in the future) for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional, recruiting, advertising and any commercial or non-commercial use. I understand and agree that all such recordings, in whatever medium, shall remain the property of the University.

I hereby release the University from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I or My Child may have from liability for any violation of any personal or proprietary right I or My Child may have in connection with the use of My Child's likeness, voice, or name in any medium, and expressly waive any rights to privacy I or My Child may have under the Family Educational Rights and Privacy Act ("FERPA"); §1002.22, Fla. Stat.; and/or any other applicable law.

I acknowledge that I am aware of risks and hazards connected with the Program and its related activities, including the risk of severe physical injury and other physical hazards, and that there may be risks and hazards unknown to me or My Child. I acknowledge that My Child's participation in the Program is purely optional and that My Child is freely and voluntarily participating in the Program, despite any such risks and hazards.

I understand that part of the risk involved in undertaking any activity is relative to My Child's own state of fitness. I acknowledge that My Child has no physical condition that would prevent him/her from safely participating in these activities. I give my consent for emergency medical treatment rendered to My Child in the event of injury or illness and agree to be responsible for all costs associated with My Child's transportation and treatment.

I acknowledge the risk that My Child may have contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions or diseases does exist, and that it is impossible to eliminate the risk that My Child could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. I knowingly and voluntarily assume all risks related to My Child's exposure to COVID-19 or other medical conditions or diseases.

I acknowledge and agree that I will not allow My Child to participate in the Program or to be in the Premises on any day (A) that in the then past 48 hours, My Child or a close contact of My Child (such as parents or siblings) has experienced any of the following symptoms that are new or unusual for My Child or said close contact of My Child: fever (temperature of 100.4◦F or higher) or chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea; (B) if My Child or a close contact of My Child (such as parents or siblings) has been in contact with anyone diagnosed with, or displaying symptoms of, COVID-19 within the then last 14 days; and/or (C) if My Child or a close contact of My Child (such as parents or siblings) within the then past 14 days has tested positive for COVID-19.

I, for myself, for My Child, My Child's heirs, executors, administrators and assigns, hereby release, waive, relinquish, and forever discharge and hold harmless FLORIDA INTERNATIONAL UNIVERSITY, THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, and their respective officers, directors, employees, representatives, trustees, agents, students and volunteers (collectively "**FIU**") from any and all claims, demands, damages, actions and causes of action, including, but not limited to, claims, demands, damages, actions and causes of actions for personal or bodily injury, damage or loss of property, or wrongful death, which I, My Child, My Child's heirs, executors, administrators, and/or assigns have or may ever have arising out of, by reason of, or in any manner related to My Child's participation in the Program and its related activities on FIU's Premises, whether the same should arise by reason of negligence of FIU or anyone organizing or participating in the activity or otherwise or in any way whatsoever or howsoever caused by the negligence of FIU. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts of or other conduct by FIU. Further, I hereby agree that under no circumstances will I, for myself, for My Child, My Child's heirs, executors, administrators and/or assigns, prosecute or present any claim for personal or bodily injury, damage or loss of property, or wrongful death against any or all of FIU. It is my intention by this instrument to exempt and relieve FIU from any and all liability arising out of My Child's participation in the Program, including, but not limited to, liability for personal or bodily injury, damage or loss of property, or wrongful death.

I further expressly agree that this Release, Waiver of Liability, and Assumption of Risk is intended to be as broad and as inclusive as the laws of the State of Florida will allow, and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect. I further represent and state that I am not relying on any oral or written representation or statements made by FIU. I further agree that this Release, Waiver of Liability, and Assumption of Risk shall be governed by and interpreted in accordance with the laws of the State of Florida.

In signing this Release, Waiver of Liability, and Assumption of Risk, I acknowledge and represent: (i) that I have read and understand it; (ii) that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; (iii) that I am giving up substantial rights by signing it; and (iv) that I am at least eighteen (18) years of age and fully competent. I understand that this is a legal document which is binding on me, my heirs, executors, administrators, and assigns and on those who may claim by or through me.

I HAVE READ THE ABOVE Release, Waiver of Liability, and Assumption of Risk AGREEMENT AND, BY SIGNING IT, VOLUNTARILY AGREE TO BE BOUND BY IT, AND AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE FIU FROM LIABILITY FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE OF ACTION.

Parent or Legal Guardian for _____:

_____
Name (Print)

_____ _____
Signature Date

CASE Camp Medical Authorization Form

My child, _____ (camper name), is allergic to
_____ (if this is not applicable, please write N/A above).
I, _____ (parent name), would like to request that
_____ (medicine type, etc.) be administered to my child. The frequency that this should be given to my child is _____
(example: once/day or at 2 PM). Please note you must submit written doctors orders.

Special Instructions for Medication Application or Additional Information

Parent Name (Print): _____

Parent Name (Signature): _____

Camper Name: _____ Camper Age: _____

1. Does your child have any sensory sensitivities (sounds, visual, tactile, smells, taste)?

Yes No Explain: _____

2. How does your child handle transitions from one activity to another?

Very Well Average Sometimes Struggles

3. How does your child handle frustration/disappointment?

Very Well Average Sometimes Struggles

CAMPER CODE OF CONDUCT

Florida International University is dedicated to providing outstanding summer camps for youth. Campers are expected to behave appropriately and promote a safe, fun and healthy environment through productive participation. The staff will use a positive approach to discipline and use parental support to resolve behavior issues and to encourage positive behavior. Participants who remain disruptive after consultation with the parents may be dismissed from the program **with no refund**. Please review the Code of Conduct below with your child so that he/she fully understands the expectations.

As a camper, I am expected to:

- Not use electronic devices (including cell phones) during camp hours. I understand that my device will be confiscated by camp staff and held until the end of the day. Camp is not liable for electronic devices.
- Show respect to other participants, and treat them as well as I would like to be treated.
- Show respect to staff and cooperate fully with following their instructions.
- Know and follow rules of the camp.
- Respect the rights and beliefs of others and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or tone of voice.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed.
- Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others.
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action.

_____ _____

Camper Signature Date

_____ _____

Parent/Guardian Signature Date

REFUNDS: As the parent/guardian of _____, by my signature below, I acknowledge that I have read, understand, and agree to the camper code of conduct and COVID-19 regulations provided to me for CASE Camp Discover or Camp Explore. **I acknowledge that cancellations before April 15, 2026 will be issued a 50% refund. Cancellations after April 15, 2026 will not be eligible for a refund**.

_____ _____ _____

Print Name Legal Parent/Guardian Name Signature Date