



TALL SHIP CRUISING - Tole Mour

**Sail Training, Marine Science, and Island Exploration
Aboard the SSV Tole Mour**

When a shipmate casts off the dock lines and embarks on a cruise aboard Tole Mour, they begin a journey in self-discovery that will have a positive effect well into their future. This unique program is a live-aboard sail training adventure that focuses on sail training, marine science, and island exploration. It stimulates minds, encourages teamwork, develops self-esteem, and it's FUN!

The shipmates begin their adventure when they step aboard the Tole Mour in Long Beach, California and learn the ropes. They spend one day anchored off of Catalina adjusting to shipboard life and receive their SCUBA and Skin diving checkouts. Then, to the roar of the cannons, the new Tole Mour shipmates hoist the sails and bid farewell to the landlubbers as they begin their sail training adventure.

The cruise will explore some of the Channel Islands. Upon arrival the shipmates will participate in activities such as sea watches, marine science, diving, snorkeling, swimming, fishing, and kayaking. Adventures abound underwater, on land, and at sea.

**“Tole Mour takes young people to sea to build
stewardship, character and minds.”**

TABLE OF CONTENTS

<u>Page</u>	
	TOLE MOUR WELCOME LETTER
4-7	GENERAL CAMP INFORMATION / FAQs
9-10	PACKING LIST
11-12	PARENT INFORMATION
13-15	CHANNEL ISLANDS INFORMATION/MAP
16	SAIL TRAINING
17	MARINE SCIENCE
18	SNORKELING AND DIVING
19	SHIPBOARD LIFE
21	FORMS DESCRIPTION & CHECK LIST
23-27	CAMP HEALTH HISTORY AND EXAMINATION (to be mailed in)
29-30	PERMISSION SLIP & WAIVER (to be mailed in)
31-34	SCUBA WAIVER / MEDICAL FORM (to be mailed in)
35-36	PARENT TECHNOLOGY LETTER
37	MAP TO RAINBOW HARBOR / TOLE MOUR

FORMS ONLINE

PARENT'S CONFIDENTIAL REPORT

CODE OF CONDUCT

HOUSING POLICIES / ROOMMATE REQUEST FORM

FLIGHT ARRANGEMENTS

TUTION AND FEES

TALL SHIP SAILING - GENERAL CAMP INFORMATION

EXPEDITION DATES 2012

- CRUISE 1: Saturday, June 16th - Friday, June 22nd (1-week)**
CRUISE 2: Saturday, June 23rd - Friday, June 29th (1-week)
CRUISE 3: Sunday, July 1st - Friday, July 13th (2-week)
CRUISE 4: Sunday, July 15th - Friday, August 3rd (3-week)
CRUISE 5: Saturday, August 4th - Friday, August 10th (1-week)

FREQUENTLY ASKED QUESTIONS

1. WHERE AND WHEN DO I DROP MY CAMPER OFF?
2. WHEN DO I PICK MY CAMPER UP?
3. WILL *TOLE MOUR* PICK UP OR DROP OFF MY CAMPER AT THE AIRPORT?
4. CAN I CALL MY CAMPER?
5. IS SEASICKNESS A PROBLEM?
6. CAN MY CAMPER BRING A CELL PHONE/IPOD/MP3 PLAYER/PSP, ETC.?
7. WILL MY CAMPER'S LAUNDRY BE DONE?
8. IF MY CAMPER HAS SPECIAL NEEDS, HOW WILL THEY BE ACCOMMODATED?
9. IF MY CAMPER TAKES PRESCRIPTION MEDICATIONS, HOW IS THAT HANDLED?
10. DOES MY CAMPER NEED A PHYSICAL?
11. WHAT DO I DO IF MY CAMPER IS SICK RIGHT BEFORE CAMP BEGINS?
12. DOES MY CAMPER NEED DAN INSURANCE FOR DIVING?
13. HOW DOES THE CAMP STORE WORK? DOES MY CAMPER NEED EXTRA SPENDING MONEY?
14. DOES MY CAMPER NEED TO BRING DIVE GEAR?
15. CAN MY CAMPER GO FISHING?
16. WHAT ARE THE RESPONSIBILITIES OF THE SHIPMATES?

TALL SHIP SAILING - FREQUENTLY ASKED QUESTIONS

1. ARRIVAL AT TOLE MOUR

The *Tole Mour* will cast off from Rainbow Harbor in Long Beach, CA at 12:00 noon on arrival days. All shipmates (campers) need to check-in between 10:30am and 12:00pm. Family and friends may tour the *Tole Mour* during check-in. Lunch will be provided to campers by the ship's galley once the vessel is underway.

Arrival Days are as follows:

Cruise 1: Sat. 6/16 Cruise 2: Sat. 6/23 Cruise 3: Sun. 7/1 Cruise 4: Sun. 7/15 Cruise 5: Sun. 8/4

2. DEPARTURE FROM TOLE MOUR - ALL SESSIONS DEPART ON FRIDAYS

The *Tole Mour* will arrive at Rainbow Harbor by 12:00noon and all shipmates should be picked up between 12:00noon and 1:00pm. **Any camper not picked up within an hour of the departure time will be charged a late fee of \$50/hour that must be paid upon pick-up of your camper.**

Pickup Days are as follows:

Cruise 1: Fri. 6/22 Cruise 2: Fri. 6/29 Cruise 3: Fri. 7/13 Cruise 4: Fri. 8/3 Cruise 5: Fri. 8/10

3. WILL THE TOLE MOUR PICK UP / DROP OFF MY CAMPER AT THE AIRPORT?

Yes we will. Please follow the guideline below.

PLEASE MAKE E-TICKET RESERVATIONS TO PREVENT LOSS. FLIGHT ARRANGEMENTS ARE TO BE MADE FOR THE FIRST AND LAST DAY OF CAMP ONLY. For those campers flying into the area, our staff will only pick up at Los Angeles International Airport (LAX). Once the plane lands, a Catalina Sea Camp or *TOLE MOUR* staff member will meet your camper at the gate and escort them to Rainbow Harbor via bus.

Make sure your camper knows to wait at the gate. They must not go to baggage claim. It is not possible to determine in advance the particular staff member who will meet your child, therefore, please indicate to the airline that our staff members will wear identifiable "SEA CAMP or TALL SHIP STAFF" clothing as well as carry personal identification with them to meet your child. The *Tole Mour* will also return campers to Los Angeles International Airport for departing flights.

Please complete the *Flight Arrangement* form on our online registration system. There will be a \$35 charge each way. EXTRA BAGGAGE FEES ARE THE RESPONSIBILITY OF EACH CAMPER. PLEASE CHECK WITH YOUR AIRLINE FOR ADDITIONAL BAGGAGE COSTS. Also, please clearly mark luggage with a tag with their name, *TOLE MOUR* and the camp number (310) 508-0952. If you are unable to make reservations according to the online *Flight Arrangement* form please call the office (800) 645-1423, to discuss possible alternatives.

4. CAN I CALL MY CAMPER?

Telephone calls to or from the campers **are not allowed** due to their busy schedules. If you have an emergency or some concern about your child, our staff is available to help you. You may contact our Catalina Sea Camp office at (310) 510-1622. The office will pass on your message to the ship as soon as possible. The office maintains cell phone communication with the ship and the *Tole Mour* contacts the office daily for messages.

5. IS SEASICKNESS A PROBLEM?

It is not uncommon for a new shipmate to have some seasickness. Taking preventative measures can reduce the chances of seasickness. Shipmates should be well rested and hydrated before stepping aboard. Over the counter remedies such as Bonine, Meclazine or ginger tablets can also help. For ARRIVAL DAY please follow the medication instructions to ensure proper dosage and appropriate timing. Shipmates who are susceptible to seasickness will usually recover quickly once the ship reaches calmer waters. Once a new shipmate has their "sea legs" seasickness is usually not a problem.

6. CAN MY CAMPER BRING A CELL PHONE/IPOD/TABLET/E-READER/VIDEO GAMES etc.?

Personal electronics are not allowed on the ship. the *Tole Mour* is a place to make new friends, try new things and gain independence, which all can be tough if texting friends from home, or calling parents. PLEASE leave cell phones and other electronics at home. Parents, we really need your support, as it is especially difficult to reinforce policies without that support from you. Exceptions are made for campers that are flying in. Their phones will be collected upon arrival and kept safe until departure day.

7. WILL MY CAMPER’S LAUNDRY BE DONE?

There is no laundry service available while the *Tole Mour* is at sea. Shipmates can hand wash clothes and air dry. If the ship is in port, Tall Ship Expeditions will arrange for laundry service.

8. IF MY CAMPER HAS SPECIAL NEEDS, WILL THEY BE ACCOMMODATED?

DIETARY NEEDS: If your camper requires a special diet, please inform us at least one month prior to the session. We always offer different meal options. PHYSICAL NEEDS: If special accommodations are needed for your camper to fully participate in the program, please contact our office (909) 625-6194, at least one month prior to the camp session.

9. IF MY CAMPER TAKES MEDICATIONS, HOW IS THAT ACCOMMODATED?

The health forms (sent upon registering for camp) are REQUIRED for ALL CAMPERS whether taking prescribed medication or not. All prescribed or over the counter medication that is needed by a camper will be collected at the registration area when campers are dropped off. Accurate instructions MUST accompany the medication. Campers will have access to their medication through the medical officer. **IT IS THE RESPONSIBILITY OF YOUR CAMPER TO GO TO THE MEDICAL OFFICER FOR HIS/HER MEDICATION.** These forms should arrive at the Claremont office NO LATER THAN APRIL 15th.

10. DOES MY CAMPER NEED A PHYSICAL

YES. You should have received a Camp Health History and Examination Form upon registering for camp. Have this form **completed and SIGNED** by your doctor prior to the start of camp. Please enclose a copy of the camper’s medical insurance card. The form should arrive at the Claremont office NO LATER THAN APRIL 15th.

11. WHAT DO I DO IF MY CAMPER IS SICK RIGHT BEFORE CAMP BEGINS?

Please call our business office (909) 625-6194 to discuss the specifics of your child’s, illness and if he/she is healthy enough to start camp. The health of your camper has an effect on the health of the entire camp community. If ill, a doctor’s release will be necessary at check in.

12. DOES MY CAMPER NEED DAN INSURANCE FOR SCUBA DIVING?

If you are already certified you NEED INSURANCE. We require each SCUBA diving shipmate to have DAN (Divers Alert Network) membership Insurance. There are several plans available that will cover diving related medical emergencies. It is important to buy the insurance and NOT just the membership to DAN. You can called DAN at 800-446-2671 or online at www.diversalertnetwork.org.

13. HOW DOES THE CAMP STORE WORK? DOES MY CAMPER NEED SPENDING MONEY?

The *TOLE MOUR* provides a camp store for the convenience of our campers. The store operates on a credit only system. You will find a "Store Credit Account Form" online in your camper management account Please read and fill out the form according to your preference. We suggest a maximum of \$50.00 per week.

Items available in the camp store include:

- | | | |
|----------------------|----------------|------------------|
| T-shirts/Sweatshirts | Beanies/Caps | Postcards/Stamps |
| Posters | Sea Chanty CDs | |

Occasionally shipmates will go ashore while *Tole Mour* is in port. Campers may buy snacks and necessities while in port. In addition to store money \$30 is recommended for items ashore.

14. DOES MY CAMPER NEED TO BRING DIVE GEAR?

Snorkeling gear is provided aboard the vessel. This includes wetsuits, masks, fins, booties and hoods. Gloves are not provided. Shipmates that are certified in SCUBA need to provide their own mask, snorkel, fins, booties and dive watch. We find that SCUBA divers are more comfortable with personal equipment. Regulators, BC's, tanks and weights are provided.

15. CAN MY CAMPER GO FISHING?

Yes. While this is not the focus of the trip, there will be an opportunity to fish. You may bring a small amount of fishing gear or borrow any of the ship's gear. Of course you will have to clean what you catch. You must have a valid California Fishing License. Please contact our main office for clarification.

16. WHAT ARE THE RESPONSIBILITIES OF THE SHIPMATES?

The *Tole Mour* is designated as a sailing school vessel (R Vessels by the USCG). This means that your camper becomes part of the crew once they step aboard the vessel. They will be trained on many aspects of the ship's operation and will take over responsibilities for sailing the ship as the expedition progresses. This is not a luxury cruise. This is a working sailing expedition. Shipmates are expected to assist the full time crew in sailing and maintaining the ship.

TALL SHIP SAILING - PACKING LIST

This is a minimum list. Everything on this list has a function. We suggest checking off or counting the exact number of items on this list below. Also, you should keep this form at home to ensure that all items are accounted for upon your camper's return from camp. **PLEASE BE SURE EVERYTHING IS LABELED WITH YOUR CAMPERS NAME**

HOW TO PACK

Pack as light and compact as possible. Follow the list below. Space is very precious. Each shipmate has a private bunk and accompanying storage space. All items should be packed into **ONE MEDIUM SOFT DUFFEL BAG**.

REQUIRED ITEMS

CLOTHING

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Jeans/Long Pants | <input type="checkbox"/> Old Shirts | <input type="checkbox"/> Sweatshirt/Jacket |
| <input type="checkbox"/> Rain Gear | <input type="checkbox"/> Underwear | <input type="checkbox"/> Socks | <input type="checkbox"/> Swimsuit |
| <input type="checkbox"/> Sleepwear/Pajamas | <input type="checkbox"/> Closed Toed Shoes | <input type="checkbox"/> Hat/Beanie | <input type="checkbox"/> Sandals (No Flip Flops) |

BEDDING AND LINENS

- | | | | |
|---------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sleeping Bag | <input type="checkbox"/> Pillow | <input type="checkbox"/> Bath Towel | <input type="checkbox"/> Beach Towel |
| <input type="checkbox"/> Laundry Bag | <input type="checkbox"/> Wash Cloth/Bath Puff | | |

PERSONAL HYGIENE

- | | | | |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> Soap/Body Wash | <input type="checkbox"/> Shampoo/Conditioner | <input type="checkbox"/> Deodorant | <input type="checkbox"/> Chapstick |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Toothbrush & Toothpaste | <input type="checkbox"/> Comb/Brush | <input type="checkbox"/> Grooming Items |

MISCELLANEOUS EQUIPMENT

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Stationery & Stamps | <input type="checkbox"/> Camera | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Watch | <input type="checkbox"/> Flashlight/Headlamp (optional) | <input type="checkbox"/> Zip Lock Bags | |
| <input type="checkbox"/> Dive Gear (only for certified SCUBA divers) | | | |

ITEMS NOT TO BRING

- Television
- Food
- Computers
- Stereos or Speakers
- Lighters and Fluid
- Cell Phones
- Knives of any kind
- Cash
- iPads/Tablets
- Handheld Games
- iPods/MP3 players
- E-Readers/Kindle

ELECTRONIC DEVICES

Tall Ship Sailing requests that electronic devices are NOT brought to camp. TALL SHIP SAILING DOES NOT ACCEPT THE RESPONSIBILITY FOR THE LOSS, DAMAGE OR THEFT OF SUCH DEVICES. ANY ABUSE OF THIS POLICY, WILL RESULT IN CONFISCATION AND STORAGE UNTIL THE END OF THE SAIL.

LAUNDRY

ONE-WEEK SESSIONS: Laundry will not be done unless there are extreme circumstances. Please pack a laundry bag for storage of dirty items.

TALL SHIP SAILING - PARENT INFORMATION

Tole Mour... A Sense of Community

This is a unique program that will provide a wealth of positive experiences for your son or daughter. While the focus of the program is sail training, marine science and exploration, the sense of community, teamwork and personal accomplishment are the real strength of the experience. This program is not a luxury cruise. It is a working expedition where each “shipmate” must perform their duties well. Everyone relies on each other and the ship relies on the crew. “*You take care of the ship and she will take care of you.*” This is truly a life changing experience.

Expedition Goals

The Sea Camp Expedition aboard the *Tole Mour* is an adventure that will affect shipmates in many ways. The goals of this program go beyond sailing and science.

- To learn tall ship sailing skills
- To explore unique marine and island environments
- To create teamwork through the sailing of a Tall Ship
- To encourage shipmates to live and share in a community situation
- To gain lifelong appreciation for the environment
- To help shipmates learn new skills that promote self worth and esteem
- To HAVE FUN!

The *Tole Mour* Crew

The Sailing Crew aboard the *Tole Mour* consists of mature, knowledgeable and well-trained people. The Captain, Chief Mate, Second Mate, engineer and deck hands have the appropriate U.S. Coast Guard Licenses. The USCG process is rigorous to insure that all licensed crew are well prepared to sail the *Tole Mour* in all sea and weather conditions.

Along with the sailing crew, the *Tole Mour* has a chef to prepare all of the meals. The instructors are college graduates and are excellent teachers. A certified divemaster supervises all the scuba diving. Camp Counselors are also aboard to handle the health and welfare of each “shipmate”.

Health & Safety

All Sea Camp Expeditions are conducted with children’s safety first. The staff is trained in first aid, CPR and water safety, and constantly trains for emergencies. **All necessary first aid and lifesaving equipment is on hand during both ship and shore activities.** (Constant communication links via VHF, cell phones, single side band, epirb, and two-way radios allow the *TOLE MOUR* to be further supported by the US Coast Guard and Baywatch lifeguards. Furthermore, the crew constantly trains for emergencies).

Seasickness

Shipmates should take preventive measures against this uncomfortable condition by being well rested and hydrated before coming aboard. In addition, shipmates can purchase over the counter remedies. Sea Camp Expeditions recommends Bonine and ginger tablets. For departure day, follow medication instructions to ensure proper dosage is taken at the appropriate time prior to sailing. Shipmates who are susceptible to seasickness will usually recover quickly as soon as the *TOLE MOUR* reaches the calmer waters of the island. Most people adapt to the sea within a day or two and soon get over seasickness.

Shipmate Requirements

Each shipmate must be between 10 and 18 years of age (one-week ages 10-16, two-week and three-week ages 13-18). Participants may have graduated from high school but not yet attended college. Shipmates must be in good physical condition and possess a curiosity toward sailing and the natural world. Sea Camp Expeditions has a limited enrollment. Reservations are made only with a completed application and deposit. Shipmates must have a recent physical examination. All medical forms are provided in the Shipmate Syllabus and require a physician's signature.

Shipmate Behavior

All shipmates are expected to comply with all shipboard rules and regulations. There are very strict policies regarding smoking, alcohol, drugs and intimate behavior. Shipmates will be expelled if they violate these rules or are abusive to staff or other shipmates.

Cast Off

The *Tole Mour* will depart from Rainbow Harbor in Long Beach, California. All shipmates need to be on board by 12:00 PM on the day of departure. Prior to departure the *Tole Mour* will be open for family tours. Shipmates who will be flying will need to provide their flight information to the Claremont office. All shipmates need to fly into Los Angeles International Airport (LAX) between 8:00 AM - 10:30 AM the day of departure and book flights between 2:30 PM - 5:00 PM on the last day of the expedition. The shipmates will be escorted to LAX by Sea Camp employees. If the camper is arriving by car, a map will be sent to the families providing detailed directions to the *Tole Mour*. *The ships store will be open on arrival day and campers can purchase sweatshirts, beanies, caps, posters, post cards and chanty CDs.*

TALL SHIP SAILING - CHANNEL ISLANDS INFORMATION

The California Channel Islands consist of eight islands. They include Santa Catalina, San Clemente, Santa Barbara, Anacapa, Santa Cruz, Santa Rosa, San Miguel and San Nicolas Islands. Each island is unique character and provides excellent possibilities for exploration. NOTE: Weather conditions and time constraints may limit the number of islands visited.

Santa Catalina Island

Located less than 20 miles from Los Angeles, Catalina Island's seventy-six square miles are covered with broad valleys, isolated coves, pristine beaches, two-thousand foot peaks and near vertical shoreline palisades. This diverse habitat is home to thousands of species of unique native plants and animals. Of these natives, fifteen—including the stately Catalina Mahogany, the shy Catalina Island Fox and the prolific Beechey Ground Squirrel—are found nowhere else in the world.

Catalina is a favorite destination for local boaters who love to sail, dive, fish and kayak in and around the secluded island coves. Avalon, the only city in the Channel Islands, is just one square mile with a year round population of 2,500. There are also several youth camps on Catalina including Toyon Bay, home to the Catalina Island Marine Institute and Catalina Sea Camp.

The Santa Catalina Island Conservancy was formed in 1972 to preserve and protect the native plants and animals and biotic communities of the Island. The Wrigley Family who were the owners of Catalina Island created the Conservancy. The Wrigleys deeded 42,135 acres (88% of the island) to the Conservancy.

San Clemente Island

San Clemente Island is the southernmost of the eight California Channel Islands. It lies 55 nautical miles south of Long Beach and 68 nautical miles west of San Diego. The island is approximately 21 nautical miles long and 4.5 nautical miles across at its widest point. Since 1934, the island has been owned and operated by various naval commands. More than a dozen range and operational areas are clustered within a 60 mile radius of the island. The San Clemente Island land, sea and air ranges provide the U.S. Navy, U.S. Marine Corps and other military services space and facilities that are used to conduct readiness training, testing and evaluation activities. The island is off limits to civilian visitors; however, it offers some safe harbors and excellent diving. Off the beaten path, San Clemente's kelp forests and intact ecosystems offer divers and snorkelers a glimpse into the channel islands of the past.

San Nicolas Island

San Nicolas Island, a.k.a. San Nick, is the most northwesterly of the four southern Channel Islands. San Nick lies sixty miles off the Ventura coast. The remoteness and isolation of San Nicolas Island have allowed for the evolution of many unique plants and animals. It is also home to many endangered, protected and sensitive species. Like its eastern neighbor, San Clemente Island, San Nick is a U.S. Navy owned and operated island. It is best known as the "Island of the Blue Dolphins". The book, of the same name, is based on the life of Juana Maria, a Nicoleno woman who lived alone on the island for eighteen years. Like San Clemente Island, San Nick is closed to the public.

Channel Islands National Park

In 1980, Congress designated the islands Anacapa, San Miguel, Santa Barbara, Santa Cruz, Santa Rosa, and 125,000 acres of their surrounding waters, as a national park. The unique natural and cultural resources of these islands are important to protect. Over 2,000 species of plants and animals can be found within the park. One hundred and forty-five of these species are unique to the islands and are found nowhere else in the world (endemic species). The park consists of 249,354 acres, half of which are underwater. The isolation of the islands has left them relatively undeveloped which makes for exciting exploration. Recently, new marine reserves and conservation areas have been established in Channel Islands National Park.

Anacapa Island

Anacapa Island lies 11 miles southwest of Oxnard and 14 miles off the coast of Ventura. It is nearly 5 miles long and very narrow, with a total land area of about one square mile. Anacapa is composed of three smaller unconnected islets. Anacapa is the only Channel Island to retain its American Indian name, derived from the Chumash word, "Eneepah", meaning

Although the island has sparse vegetation, it provides prime nesting grounds for the California Brown Pelican and sea gull species. It's stark landscape and steep cliffs are an impressive sight as you sail toward the island. Visitation to Anacapa is limited to the East Island where steep stairs lead from Landing Cove to the bluffs above.

Santa Cruz Island

The largest and most diverse of the islands in the National Park, Santa Cruz Island, is about 24 miles long and has 96 square miles. It's eastern tip is 16 miles from the Channel Islands Harbor. It's 77 miles of shoreline are filled with steep cliffs, gigantic sea caves, beautiful coves and sandy beaches. Santa Cruz has over 650 species of plants with 9 endemic species of trees represented. The Chumash Indians inhabited the island for more than 6,000 years. The island was a working cattle ranch from 1839 through the 1980s. Exploring the worlds largest Sea Cave (Painted Cave) and snorkeling or diving amongst the purple hydrocoral of gull island are unforgettable experiences.

Santa Rosa Island

Santa Rosa Island is the second largest Channel Island with 84 square miles. It is nearly 15 miles long and 10 miles wide. The island has high mountains with deeply cut canyons that give way to gentle rolling hills and flat marine terraces. Grasslands cover about 85% of the island. Harbor seals and elephant seals breed on the island's sandy beaches. Santa Rosa was also home to the Chumash Indians. Since the 1840's, the island has been used for cattle and sheep ranching. Opportunities to explore the islands long stretches of sandy beaches, sand dunes and groves of endemic Torrey Pines make this an exciting destination.

San Miguel Island

This harsh and profoundly beautiful island is the westernmost of the Channel Islands. It is eight miles long and four miles wide with 9,325 total acres. The rugged landscape is home to many native and endemic plants and animals. It is also a valuable archeological resource with over 500 undisturbed sites. The island is well known for the vast number of pinnipeds that arrive each winter to breed. Point Bennett, on the islands western most side, is one of the few places where five different pinniped species can be viewed at the same time. The island was a ranch from 1850 through the 1940's. The Navy owned the island from the mid 1940's through the mid 1950's when it was used as a bombing range. It's interior contains a rare petrified caliche forest and a monument to the explorer Juan Cabrillo. It is the most remote of all the Channel Islands and has a climate all its own. It's cool clear waters host many species reminiscent of northern California waters.

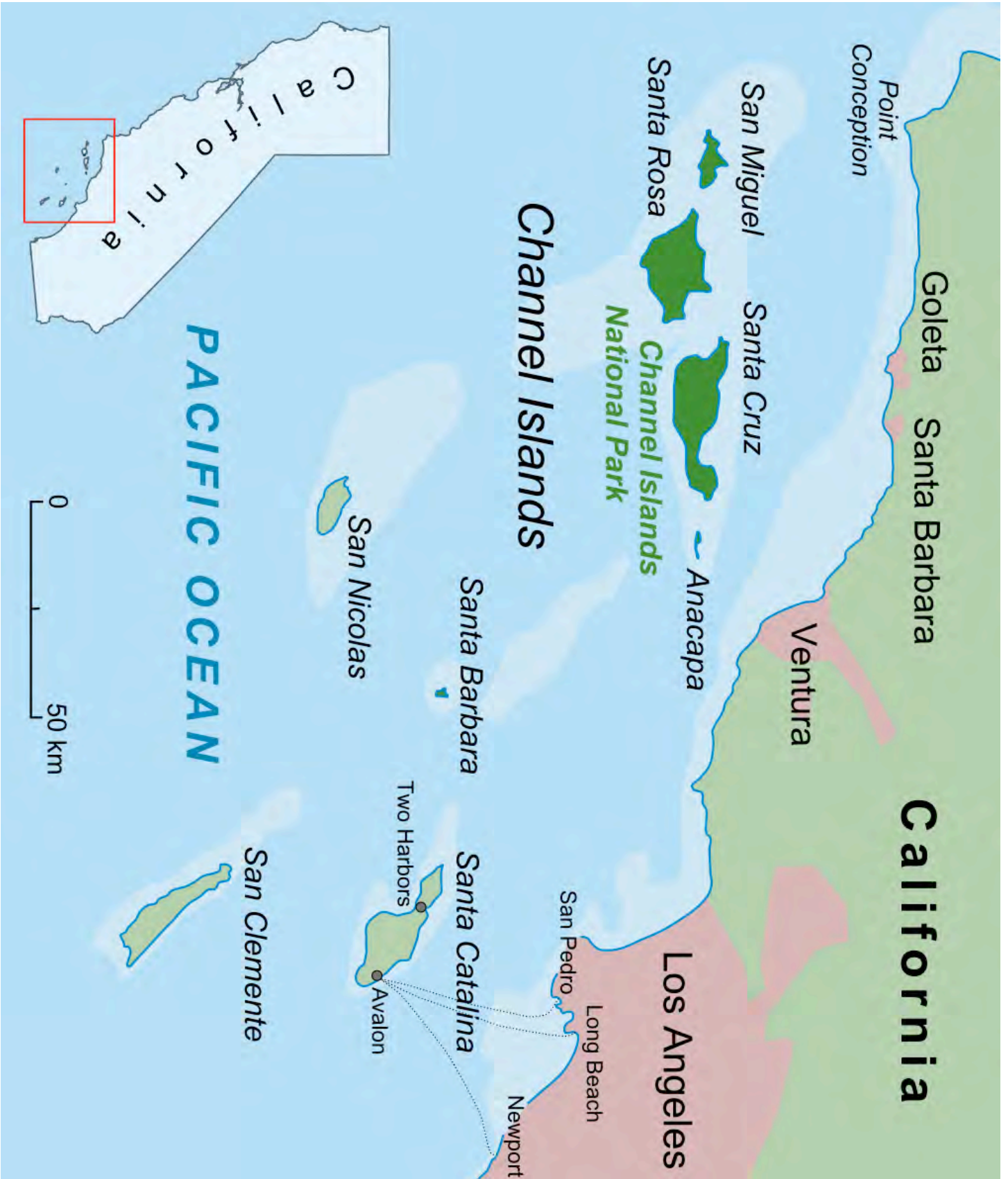
Santa Barbara Island

At just one-square mile, Santa Barbara is the smallest of the Channel Islands and lies about 20 miles off the west end of Catalina Island. Its steep cliffs rise to a marine terrace that is topped by two peaks. Both California Sea Lions and Elephant Seals use the island's rugged coastline for breeding. Birds are also in abundance. The diving around Santa Barbara is excellent with massive kelp forests and scores of friendly sea lions. Because of its small size, Santa Barbara can be explored easily. Watching the sunset from Signal Peak is a highlight of any day of exploring.

Web Pages to Explore

Santa Catalina Island Conservancy: www.catalinaconservancy.org
Channel Islands National Park: www.channel.islands.national-park.com
San Clemente Island: www.scisland.org
Cruising Grounds, Channel Islands: www.marinasailing.com

TALL SHIP SAILING - CHANNEL ISLANDS MAP



TALL SHIP SAILING - SAIL TRAINING

For centuries, tall ships have sailed the oceans, delivered cargo and passengers, and have explored exotic lands. The crews of the tall ships were hearty souls that longed for adventure. The young men who joined the ship's crew (or were pressed into service) soon learned the ways of the sea and the skills required to sail the ship. The old square-riggers required huge crews, and the ship needed every hand to perform their duties well for the ship to sail. This was the earliest form of *sail training*.

Today, sailing aboard a modern tall ship is much different, but the skills, and certainly the spirit, are the same. Each shipmate must perform their duties well to make the ship sail. When a young person steps aboard the SSV TOLE MOUR, they become part of the crew, and have the opportunity to learn traditional tall ship sailing skills. There is a sense of pride that all shipmates develop as they perform their assigned duties.

The Ship

Each shipmate will learn the parts of the ship, the names of the sails, and the name and function of each line. They will learn to set and strike each of the 15 sails. They will also learn their role in emergency drills. The sailing of the tall ship is under the direction of the captain, and the shipmates soon learn the importance of following instructions. The crew must act as one for a ship to sail smoothly.

Each shipmate is given extensive line handling classes. They are also taught how to set, strike, and furl the sails. These skills will become second nature by the end of the expedition.

Take the Helm

Steering the ship is an important responsibility. Shipmates will take the helm during their watch. This requires focus to follow the compass heading and keep the ship sailing on course.

Sea Watches

The crew is divided into three watches. One mate, one instructor, one deck hand and several shipmates are assigned to each watch. When the *Tole Mour* is underway, the watch on duty has the responsibility to man the helm, plot the ship's position, tend the sails, make modest sail changes, conduct hourly boat checks, stand bow watch, and ensure the safety of the ship. During the expedition, the *Tole Mour* will stand sea watches and make a few overnight passages. Sailing the ship while it plows through a bioluminescent sea is an experience of a lifetime. Shipmates always wear their harnesses on sea watches as an important safety precaution.

Going Aloft

Climbing out on the bowsprit and into the rigging is another activity shipmates will enjoy. Once again, they must wear their harnesses and clip into the safety lines. As each shipmate becomes more comfortable aloft, they will participate in loosing and furling the squares.

Navigation

Shipmates will learn basic navigational skills that include reading a chart, taking compass bearings, plotting a course, learning to use parallel rulers and how to find latitude and longitude. The ship is also equipped with a modern GPS and two radars.

Marlinspike Seamanship

Marlinspike Seamanship is an ancient sailors craft that includes working rope and canvas. Shipmates will have many opportunities to develop basic seamanship skills, which include splicing, whipping, knot tying and sail repair. These skills will be used daily as the crew performs its duties.

ASTA Certification

As each shipmate masters specific sailing and crew skills, they will become eligible for American Sail Training Association (ASTA) certifications. During the expedition, each shipmate has the opportunity to achieve ASTA certifications up to level 6.

TALL SHIP SAILING - MARINE SCIENCE

The Sea Camp Expedition aboard the *Tole Mour* is more than sailing. Shipmates will also explore and discover the beautiful underwater world around the Channel Islands. The *Tole Mour* has an on-deck lab equipped with four microscopes and video monitors, water testing equipment, bottom grab, plankton net, weather instruments, and ROV (remotely operated vehicle).

Oceanography

During the expedition, the shipmates will collect seawater data. They will learn to deploy basic oceanographic equipment to collect data and plot their results on the ship's computer. This data will include temperature, salinity, dissolved oxygen, ph, and chlorophyll concentration readings.

Plankton Study

The *Tole Mour* marine science lab is conducting a survey of plankton in the California Channel Islands for the Department of Health and the Southern California Coastal Ocean Observing System. Plankton will be collected and studied several times during the expedition. The sample is taken into the lab and studied under the video microscopes.

ROV

The *Tole Mour* is equipped with a VideoRay ROV (remotely operated vehicle). The ROV is controlled on deck at depths up to 100 feet. The ROV has an onboard video camera that sends images back to the marine lab. Shipmates will deploy and drive the ROV. The ROV can be used to explore the ocean beneath the ship, check the anchor, and conduct fish surveys. The video images can be recorded for future study.

Marine Life

The Channel Islands abound with many marine mammals. It is not uncommon to see several varieties of dolphins, whales, harbor seals, sea lions, elephant seals and sea otters. Shipmates will learn to identify the most common species and record sightings for the National Oceanic Atmospheric Administration (NOAA). These sightings will also be recorded on the ships marine mammal tracking chart.

Marine Biology

Shipmates will observe first-hand many different types of invertebrates, fish and algae. Some of these will be brought on board for further study. These experiences, coupled with our trained instructors, daily classes, and a well-stocked science library, bring marine biology to life.

TALL SHIP SAILING - SNORKELING AND DIVING

The California Channel Islands are part of a very pristine marine ecosystem. The underwater world is filled with unique marine life. The Channel Islands are a transition zone between Southern California and Northern California. The snorkeling and diving program gives shipmates the opportunity to explore and discover this beautiful ocean world.

Snorkeling

All shipmates are encouraged to go snorkeling. During each dive, the shipmates can observe interactions among marine life and identify invertebrates, algae (seaweeds) and fish.

All snorkeling gear is provided including wet suit, mask, fins, snorkel and booties. Each shipmate is encouraged to bring personal gear as long as it fits well. Shipmates may also wish to bring dive gloves and a dive watch.

SCUBA Diving

There will be opportunities to go scuba diving during the two and three week expeditions for those shipmates with a diving certification from a nationally recognized organization (PADI, NAUI). The certification must be a “Basic,” “Open Water” or higher level. **Introductory or resort courses are not acceptable.** Scuba diving allows the shipmates to fully explore the marine environment and collect more in-depth data. Tanks, regulators, BC’s and weight belts are provided. All scuba diving shipmates must provide a personal mask, fins, snorkel, booties, gloves and dive watch. The *Tole Mour* Dive Master oversees all scuba diving programs during the expedition. All Scuba divers must have DAN Insurance (see below). ***Tole Mour* does not train divers.**

Junior Divers who need one on one supervision cannot dive.

Divers Alert Network (DAN) Insurance (Required for all SCUBA divers)

Every Scuba Diver must have DAN membership and insurance. This inexpensive policy provides important coverage in case of a diving accident. DAN membership does not equal DAN insurance. You can learn about the DAN Insurance options on their web site at www.diversalertnetwork.org. If you only plan on snorkeling, DAN Insurance is not required.

TALL SHIP SAILING - SHIPBOARD LIFE

The *TOLE MOUR* is home to all shipmates and staff during the trip. Life aboard a ship is much different than on land. While the *TOLE MOUR* is large, each person has limited personal space. It is a community living experience.

Personal Quarters

Each shipmate is assigned a bunk in one of the bunkrooms. Bunks are equipped with mattresses and limited storage. Shipmates provide their own sleeping bags and must pack all personal gear in a soft duffle bag,(no suitcases). There are several heads (restrooms) on board. The *TOLE MOUR* has flush toilets and sinks in every head. There are on-deck hot water showers, which are available to rinse off after each dive.

Meals

The ships company includes a chef who will prepare all meals and snacks in the well equipped and stocked galley. There is always plenty of good tasting food. Of course, the chef will accommodate all reasonable special dietary needs. Vegetarian alternatives are also available.

Pride Stations

Shipmates work together to keep the *TOLE MOUR* “ship shape”. Pride Stations include: cleaning the galley, swabbing the deck, and maintaining the cleanliness and safety of the living quarters and facilities. It is amazing to witness the enthusiasm and pride with which the shipmates embrace the responsibility of caring for their new floating home.

Emergency Preparation

A key element to every *TOLE MOUR* Expedition is training new shipmates in all aspects of shipboard safety and emergency procedures. Shipmates are assigned specific duties and perform drills for Man-Over-Board, Fire, Abandon Ship, and Medical Emergencies. It is important for everyone aboard the ship to understand these procedures.

TALL SHIP SAILING - FORMS CHECK LIST

ALL YELLOW AND GREEN CODED FORMS NEED TO BE RETURNED BY APRIL 15th.

**PLEASE MAKE COPIES OF ALL FORMS BEFORE MAILING BACK TO US.
PLEASE DO NOT FAX FORMS.**

**PLEASE FILL OUT ONLINE OR RETURN THE FOLLOWING
TO THE CLAREMONT OFFICE BY APRIL 15th.**

**Attn: Tall Ship
P.O. BOX 1360
Claremont, CA 91711**

- Camp Health History and Examination Form** (pages 23-27)
- Copy of Your Medical Insurance Card** (please mail with Health forms)
- Tall Ship *TOLE MOUR* Permission Slip and Waiver** (pages 29-30)
- NAUI SCUBA Waiver - 1A & 1B** (pages 31-32)
- NAUI SCUBA Medical Form - 2A & 2B** (pages 33-34)
- Copy of DAN Insurance Card** (please mail with NAUI waivers)
- Copy of SCUBA Certification Card** (please mail with NAUI waivers)
- Letter of Recommendation from teacher** - First Year Campers Only
- Parent's Confidential Report** (online)
- Shipmates Code of Conduct** (online)
- Roommate Request Form** (online)
- Flight Arrangements** (online)
- Tuition and Fees** (online)

Please return all completed YELLOW AND GREEN CODED forms by **April 15th!**

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____
Relationship to Camper

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____
 First _____ Middle _____ Last _____
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) <input type="checkbox"/> Had chicken pox Date: _____						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.

This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Acetaminophen (Tylenol)
 Phenylephrine decongestant (Sudafed PE)
 Antihistamine/allergy medicine
 Diphenhydramine antihistamine/allergy medicine (Benadryl)
 Sore throat spray
 Lice shampoo or cream (Nix or Elimite)
 Calamine lotion
 Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)
 Pseudoephedrine decongestant (Sudafed)
 Guaifenesin cough syrup (Robitussin)
 Dextromethorphan cough syrup (Robitussin DM)
 Generic cough drops
 Antibiotic cream
 Aloe
 Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give **this form (FORM 2)** and a copy of your **completed CAMPER HEALTH HISTORY FORM (FORM 1)** to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

TALL SHIP SAILING – PERMISSION SLIP AND WAIVER

Complete, (3 page), Release must be submitted for each person coming ashore under a valid Santa Cruz Island Landing Permit

Acknowledgment, Release, and Indemnification

Please Read Carefully Before Signing

The undersigned person (“Participant”) is being allowed by the Nature Conservancy, a District of Columbia nonprofit corporation (“Licensor”) to participate in certain activities (“Activities”) at Santa Cruz Island (including the surrounding waters and airspace, “Site”), under the terms of a license, permit, lease, contract, or other agreement which Licensor has entered into with, or issues to either Participant, or some other person or entity under whose auspices Participant will be visiting the Site, or as a guest or volunteer of Licensor. In consideration for being given permission to enter the Site and participate in the Activities, Participant (acting through and/or with the consent of his/her legal guardian, if the undersigned is a minor), agrees as follows:

1. **Activities.** I understand and agree that the Activities include my travel (whether over land or water, or by air) to and from the Site and I agree to familiarize myself with, and comply with the terms of, the license, permit, leaser, contract, or other agreement under which I am being permitted to enter the Site and participate in the Activities (where that is applicable), or of any program or arrangement under which I will be participating in the Activities as a guest or volunteer of Licensor (where that is applicable), and to restrict my use of the Site to the Activities which are permitted under such license, permit, lease, contract, agreement, program, or arrangement (as applicable).

2. **Dangers of Participation.** I fully recognize the dangers of participating in the Activities, and I voluntarily assume all risks associated with my participation in the Activities. I understand that the dangers that I may encounter in connection with the Activities include, by way of example only and without limitation. Hantavirus Pulmonary Syndrome, wild animals, slippery rocks and soils, seasickness, boating accidents, high surf, strong ocean currents, steep cliffs, cactus spines, non-potable water, yellow jackets, bees, mice and other rodents carrying certain diseases, marine animals, harsh and quickly changing weather conditions, risks of landslides or other earth movement, poison oak, stinging nettles, ticks, falling branches, driving in off-road vehicles, and rugged road conditions. In addition, I acknowledge that the structures located on the Property may not be in compliance with seismic stability laws, and are susceptible to damage in the event of seismic activity on the Property.

3. **Lack of Medical Care and Facilities.** I realize that, in participating in the Activities, there is a risk of my becoming seriously ill or injured in an area remote from medical care, and that Licensor cannot guarantee the availability of emergency medical services or emergency transportation to medical facilities.

4. **Rules of Participation.** I have familiarized myself with the rules applicable to use of the Site which are listed on Schedule 1 attached hereto (which is incorporated herein by this reference, and of which I have been or will be given a copy to keep), and I agree to obey such rules at all times while I am at the Site. I acknowledge that such rules apply to me in all cases, unless explicit written permission to deviate from the rules has been given by Licensor, and I agree that I will not deviate from such rules where such permission has allegedly been given, until and unless I have read and understand fully such written permission from Licensor. I also agree to comply with all instruction posted on signs at the Site.

5. **Health of Participant and Familiarity with Equipment.** I have been properly instructed in, and understand the use of, any equipment which I am to use in the Activities. I also realize that my participation in the Activities may require sustained strenuous physical activity, and I represent to and assure Licensor that I am in good health, and am not aware of any physical or medical condition that might endanger me or any other participants in the Activities.

6. **Release of Claims and Agreement Not to Sue.** Acting for myself and my heirs, personal representatives, executors, assigns, and guardians *ad litem*, I hereby release Licensor and all of Licensor’s employees, agents, representatives, volunteers, contractors, officers, and directors from any and all claims and liabilities of any kind or nature whatsoever for or with respect to, and I agree not to make a claim of any kind or nature whatsoever against, or sue or attach the property of such parties for or with respect to, ay damage or injury to me or my property, or my death arising

Please continue on reverse

from my participation in the Activities or during my presence on or travel to or from the Site, howsoever caused and whether or not arising in whole or in part from the negligence or alleged negligence of, or any other act or omission of or by, Licensor or any of Licensor's employees, agents, representatives, volunteers, contractors, officers, and/or directors.

7. **Indemnification of Licensor.** Acting for myself and my heirs, personal representatives, executors, assigns and guardians *ad litem*, I agree to indemnify and defend Licensor and all of Licensor's employees, agents, representatives, volunteers, contractors, officers, and directors against, and to hold the same parties harmless of and from: (a) any and all claims and liabilities of any kind or nature whatsoever for injury or damage to me or my property, or for my death, arising from my participation in the Activities or during my presence on or travel to or from the Site, whether or not arising in whole or in part from the negligence or other acts of Licensor or any of Licensor's employees, agents, representatives, volunteers, contractors, officers, and/or directors; and (b) any and all claims and liabilities of any kind or nature whatsoever for any injury or damage to any person or property, or for the death of any person, to the extent caused by me during my participation in the Activities, or during my presence on or travel to or from the Site.

8. **No Representatives or Warranties by or on Behalf of Licensor.** I hereby acknowledge and agree that no representation or warranty of any kind or nature whatsoever has been given me regarding the condition of the Site, any facilities or equipment located on or at the Site, or any means of transportation to or from the Site, whether by Licensor or any of Licensor's employees, agents, representatives, volunteers, contractors, officers, and/or directors; and I agree, furthermore, that neither Licensor nor any of Licensor's employees, agents, representatives, volunteers, contractors, officers and/or directors shall be liable for any negligence pertaining thereto.

The undersigned Participant acknowledges and agrees that he/she has carefully read this Acknowledgement, Release, and Indemnification and fully understands all of its contents, and their legal effect, and agrees that this Acknowledgement, Release, and Indemnification is contractually binding, and is being signed by the undersigned Participant of his/her own free will.

Name of Boat: TOLE MOUR Name of Landing Permit Holder: GUIDED DISCOVERIES

Signature: _____ Date: _____

Printed Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Make a copy for your records. Additional release forms sent to: The Nature Conservancy Attn: SCI Landing Permit Prgm 201 Mission St., 4th Floor San Francisco, CA 94105
--

**PLEASE RETURN THIS FORM TO THE CLAREMONT OFFICE BY APRIL 15th.
Attn: Tall Ship
P.O. BOX 1360
Claremont, CA 91711**




TALL SHIP 1A

Guided Discoveries

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

*****Please READ and BE CERTAIN you understand the implications of signing.*****

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

 I _____ (Camper's full name)

do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving.

I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving with compressed air involves certain inherent risks, decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber.

I further understand that diving operations in open water, which are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance.

Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat/car accident, as well as travel to and from dive sites.

Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

In consideration of being allowed to participate in this course / program, I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program, including but not limited to the academics, confined water and or open water activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of

the facilities and the use of the equipment of the below listed releases, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releases): National Association of Underwater Instructors (NAUI), Guided Discoveries, Tall Ship, Agents, (Instructor/s) Employees, SCUBA and Skin Diving Instructors, Dive masters and Assistants, (Facility/is) Tall Ship.

2. To release the releases, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and / or Scuba diving activities whether caused by active or passive negligence of the releases or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releases harmless for any injury or loss of life, which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.




3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.

4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I have fully informed myself of the contents of this liability release and assumption of risk agreement by reading it before I signed it on behalf of my heirs and myself.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

	1 - SIGNATURE OF THE STUDENT _____ DATE: _____
	2 - SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____
	3 - WITNESS *** Must be different from Parent & Guardian and NOT a minor *** (Name) _____ Signature: _____

Please continue on reverse




STANDARD SAFE DIVING PRACTICES / STATEMENT OF UNDERSTANDING

*** To be completed by all SCUBA divers ***

1B

Please read carefully before signing.



This statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. **If you are a minor, a parent or guardian must also sign this form. Not following the Safe Diving Practices may result in the loss of all your SCUBA diving privileges at TALL SHIP!**

 I _____ (Camper's Name) understand that as a diver I should:

- 1) When in doubt about anything, ask your dive leader.
- 2) Snorkel / Skin or SCUBA under the direct or indirect supervision of your dive leader.
- 3) Be certified by a nationally recognized SCUBA organization or be enrolled in a "learning to dive" course, have completed a CIMI release of liability form and diving medical form signed by a physician and have current dive insurance (i.e. DAN or Others)
- 4) Maintain good mental and physical (hydrated and healthy) fitness for diving. Only dive when feeling well. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity (6 months or more) by successfully participating in a TALL SHIP scuba check out dive under the direct supervision of a NAUI Dive Leader.
- 5) Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable dive leader or local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical or overhead diving unless specifically trained to do so.
- 6) Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device, depth gauge, timer, submersible pressure gauge, alternate air source and low-pressure buoyancy control inflation system.
- 7) Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving, in other geographic areas and after periods of inactivity exceed six months.
- 8) Adhere to the buddy system throughout every dive (no solo diving allowed). Plan dives - including communications, procedures for reuniting in case of separation, and emergency procedures - with my buddy.

- 9) Always surface with 500 to 700 psi minimum unless needed for an emergency.
- 10) Be prepared for emergencies: be comfortable ditching your weight belt, making emergency ascent, clearing your mask or regulator, or taking other emergency actions. Remember in an emergency to Stop - Breathe - Think - Breathe - Act.
- 11) Be proficient in dive table usage. Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience and the dive leader maximum depth and time assigned/allowed.
- 12) Plan your deepest dive first, no reverse profiles. Avoid repetitive dives and always stay several feet / minutes away from dive limits. Adjust for cold water or strenuous dives by diving more conservatively.
- 13) Ascend at a rate of no more than 9 m / 30 feet per minutes. Plan for long surface intervals (minimum of one hour)
- 14) Make a safety stop at 5m / 15 feet for three minutes or longer is mandatory for any dive deeper than 20 feet. All safety stop must be included in the dive time. Dive time starts when you are leaving the surface until you return to the surface.
- 15) Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal; establish buoyancy when in distress while diving.
- 16) Breathe properly for diving. Never breath, hold or skip breath when breathing compressed air, and avoid excessive hyperventilation when breath hold diving. Give yourself plenty of time to rest between dives. Avoid overexertion while in and underwater and dive within my limitations.
- 17) Equalize early and often.
- 18) Use a boat, float or other surface support station whenever feasible. Know and obey local diving laws and regulations, including fish and game and dive flag laws.
- 19) Don't fly or dive to altitude with 24 hours of a dive and avoid strenuous exercise before or 24 hours after a dive.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own, my buddy and dive leaders safety and well-being, and that failure to adhere to them can jeopardy my safety, my buddies and dive when diving

  PARTICIPANT SIGNATURE: _____ DATE: _____
SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PLEASE RETURN THIS FORM TO THE CLAREMONT OFFICE BY APRIL 15th.
Attn: Tall Ship
P.O. Box 1360
Claremont, CA 91711

TALL SHIP DIVING MEDICAL FORM

2A

Camper Name: _____ Birth Date: _____ Age: _____ Sex M F
PREVIOUS TALL SHIP CAMPER? NO YES...WHAT SUMMER(S)? _____
Address: _____ Zip Code: _____
Home Phone: _____ Business phone: _____
Fax Number: _____ E mail: _____

MEDICAL HISTORY

To the Diver: Please check any of the following items that apply to any present and/or past medical conditions. If any items apply to you, we may request that you consult a physician with knowledge of Diving Medicine *in addition* to your family physician prior to your participation in SCUBA diving. **A physician's signature is required on the back side of this form even if you check "None of the above"**

I had or have had:

Asthma

Emphysema

Tuberculosis

How long ago? _____

- What medications are/were you taking for it? _____
- Is/Was your asthma sport or allergy (to what) induced? _____

- | | |
|---|--|
| <input type="checkbox"/> I have frequent colds and bronchitis | <input type="checkbox"/> I have frequent headaches or migraines |
| <input type="checkbox"/> I had or have had Tuberculosis | <input type="checkbox"/> I have had a head or back injury / problems |
| <input type="checkbox"/> I had or have had Colostomy | <input type="checkbox"/> I had or have had a back / spinal injury |
| <input type="checkbox"/> I have diabetes | <input type="checkbox"/> I have had a decompression sickness (bends) or another diving accident |
| <input type="checkbox"/> I have a history of respiratory problems or disease | <input type="checkbox"/> I have wheezing upon breathing cold air or with exercise |
| <input type="checkbox"/> I have a history of seizures, dizziness, fainting or blackouts (full/partial loss of consciousness) or take medications to prevent them? | <input type="checkbox"/> I have hay fever or other allergies (e.g. drug) |
| <input type="checkbox"/> I have a history of heart condition (e.g. cardiovascular disease, angina, heart attack/surgery) | Allergic to: _____ |
| <input type="checkbox"/> I have frequent ear infections or hearing problems | <input type="checkbox"/> I have a history of high blood pressure or taking medication to control blood pressure? |
| <input type="checkbox"/> I have trouble clearing my ears (equalizing pressure in planes or diving) | <input type="checkbox"/> I have a blood disorder |
| <input type="checkbox"/> I have had ear surgery | <input type="checkbox"/> I have bleeding tendencies or disorders |
| <input type="checkbox"/> Check here if you had tubes and how long ago you had them? _____ | <input type="checkbox"/> I have a hernia |
| <input type="checkbox"/> I have had surgery or penetrating injury to my chest | <input type="checkbox"/> I have an ulcer disease |
| <input type="checkbox"/> I am under the care of a physician or have a chronic illness | <input type="checkbox"/> I have alcohol or drug problems / abuse |
| <input type="checkbox"/> I have a physical disability | <input type="checkbox"/> I have an history or eating disorders |
| <input type="checkbox"/> I have recently had an operation or illness or been hospitalized | <input type="checkbox"/> I have or have had epilepsy or take medication to prevent it? |
| <input type="checkbox"/> I have a history of sinus problems | <input type="checkbox"/> I have a history of mental and emotional problems |
| <input type="checkbox"/> I am pregnant | <input type="checkbox"/> I regularly take medication – which one, and for what? |
| <input type="checkbox"/> I am claustrophobic | _____ |
| <input type="checkbox"/> I smoke cigarettes or use recreational drugs | <input type="checkbox"/> I get motion sickness |
| <input type="checkbox"/> I have a nervous system disorder | <input type="checkbox"/> I have been rejected from an activity for medical reasons |
| | <input type="checkbox"/> I have had an electrocardiogram |
| | <input type="checkbox"/> Any medical condition not listed: _____ |

NONE OF THE ABOVE *** Still requires physician's signature

Please continue on reverse



Any other information you feel we should know about your health? _____

2B

*** In case of emergency/questions, notify: _____

Address: _____ Phone: _____

MEDICAL HISTORY STATEMENT: I understand that snorkeling, skin and SCUBA diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ears and sinuses are essential prerequisites for my well being. I hereby confirm that my circulation and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek approval for diving from a licensed physician. I certify that all the information is correct to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions. I hereby authorize the Diving Director to give medical opinion as to my fitness for skin or scuba diving to my diving instructor. I also authorize him to obtain medical information regarding me from or to other doctors as may be necessary for medical purposes in my personal interest. I understand that the Diving Director prefers to stay conservative and take the minimal risk to my health and will make the final decision to allow me to skin or scuba while at camp, based on physicians recommendations and latest diving medical research.

★ **Signature of the student:** _____ Date: _____
Signature of parent(s) _____ Date: _____
_____ Date: _____

TO THE PHYSICIAN

This person is applicant for training with self contained underwater breathing apparatus (SCUBA). This activity takes place under changing environmental pressures and otherwise subjects the individual to unusual stresses in several ways.

Note: Please check items below if considered **ABNORMAL**

Indicate under "Remarks" the pertinent details and your impression of their importance.

- Past Medical History
- Present Medical History
- Standard Physical Examination results
- Ears and Sinuses (Must permit equalization of pressure differentials)
- Respiratory System (Lungs must be free from weakness and disease)
- Cardiovascular System (Must be free from defects)
- Physical Fitness (Diving involves physical exertion)
- Emotional and Physiological Stability (Diving can produce stress)

PLEASE ATTACH YOUR BUSINESS CARD HERE

Remarks: _____

*** Any doubt about SCUBA contraindications? Contact Divers Alert Network Medical (Duke University Hyperbaric Chamber and DAN headquarters in Durham, N.C.) Information Line at (919) 684-2948 or www.DiversAlertNetwork.org



I find NO defects that I consider incompatible with SCUBA diving
 I am UNABLE to recommend this individual for SCUBA diving

******THIS FORM MUST BE SIGNED BY A PHYSICIAN******

Physician Name: _____ Phone: _____
Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE CLAREMONT OFFICE BY APRIL 15th.
Attn: Tall Ship
P.O. Box 1360
Claremont, CA 91711

PARENT LETTER AND CAMP POLICIES REGARDING CELL PHONES AND OTHER TECHNOLOGIES

Dear Parents,

We have always taken the safety and well-being of our campers—your children—very seriously. After all, giving your children over to the care of other people is perhaps the greatest act of trust you as a parent can engage. We aim to do everything we humanly can to earn and keep that trust. We also know we cannot do this without your help. We are writing to invoke the *partnership* we feel we have with you to help us make sure your children continue to have the safest, most wholesome experience with us possible.

Given certain developments in our culture, including the increased use of the Internet, cell phones and text messaging, we appeal to you as parents—our partners—to help us maintain as safe an environment for your children at camp as we can. Please read our letter carefully so you may understand the challenges facing us regarding the continued safety and health of our camp community. Then, take time to review and then read to your child the enclosed policies regarding the Internet, social networking sites and exchanging contact information with their counselors. As always we urge you to call us if you have any questions, concerns or ideas about any of these issues.

Cell Phones

As you know we have a “no-cell phone” policy at camp. Aside from the fact that cell phones are expensive and can get lost or stolen and that the physical camp environment is not kind to such items, there is a fundamental problem with campers having cell phones at camp, and that is trust. When children come to camp they—and you—are making a leap of faith, temporarily transferring their primary care from you as their parents to us and their counselors. This is one of the growth-producing, yet challenging aspects of camp. As children learn to trust other caring adults, they grow and learn, little by little, to solve some of their own challenges. We believe this emerging independence is one of the greatest benefits of camp. It is one important way your child develops greater resilience. Contacting you by phone essentially means they have not made this transition. It prevents us from getting to problems that may arise and addressing them quickly. Sending a cell phone to camp is like saying to your child that you as the parent haven’t truly come to peace with the notion of them being in our care.

We agree to tell you if your child is experiencing a challenge with their adjustment to camp. *You can help* by talking with you child *before they leave for camp* and telling them that there is always someone they can reach out to, whether it is their counselor, a trusted activity leader, the Head Counselor or even the Director or camp health care provider. We are all here to help, but if you don’t trust us your children certainly won’t.

Your Kids, Our Staff after Camp

Our pledge is to put your children in the company of the most trustworthy and appropriate young adults we can hire—counselors and instructors who are well suited to the task of caring for campers. The effort we put into screening and selecting our staff is part of our pledge. Our staff works with your children in the context of a visible, well-scrutinized environment that has many built-in checks and balances. Counselors are supervised by senior staff guided by clear, firm policies regarding behavior. Their actions are also visible to co-workers and campers. By hiring them we do not recommend them as baby-sitters, Nannies or child companions outside of camp. *In general we discourage our staff from having contact with your children after camp since we cannot supervise it. We hire our staff for the camp season. We do not take responsibility for their behavior off-season.* As a parent you are, of course, free to make your own choice in this matter. While we cannot keep you from allowing your child to visit with one of our staff members, in so doing you take full responsibility. We also know that many children exchange contact information (e.g., e-mail address, profile names, cell phone numbers) with counselors without our or your specific awareness or permission. *We recommend that you as the*

parent supervise your child's online activities just as you do other aspects of their life in your home, and oversee any off-season contact between our staff members and your child. You take full responsibility to oversee any contact that results.

Working Together to Keep Your Children Safe

We see many positive, exciting ways for youngsters to enjoy the Internet and other technology. As advocates for children we want to work with you to keep those experiences safe, healthy and positive. That is why we have taken the time to write these policies, include some resources for you and urge you to talk with your children—both about camp and their online activity in general.

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"...have you been Ditterized?"

Direction to the Tall Ship TOLE MOUR

Take the I-710 S toward LONG BEACH. Take the SHORELINE DR exit on the left toward DOWNTOWN / CONVENTION CENTER. Take SHORELINE DR. to S. PINE AVE. Turn right into the PINE AVE. Circle and look for the TOLE MOUR staff to help unload your gear. Please call (310) 508-0952 if you need assistance.

