New England Science & Sailing Foundation (NESS) is an ocean adventure nonprofit that provides STEM-based education programs, on the water, for students from all walks of life. NESS uses sailing, marine science, powerboating, and adventure sports as teaching platforms. We engage everyone in experiential learning that builds confidence, teamwork, and leadership skills vital to their futures.

Welcome to New England Science & Sailing (NESS)! We are delighted that your family has chosen NESS for your ocean adventure education activities! This Parent Guide contains summaries of our summer youth marine science, sailing, and adventure sports programs, and important information about NESS operations.

**STONINGTON DAILY SCHEDULE & ATTENDANCE**

8:00 AM – 9:00 AM Early drop off (requires sign-up)
9:00 AM – 12:00 PM Morning classes
12:00 PM – 1:00 PM Lunch
1:00 PM – 4:00 PM Afternoon classes
4:00 PM – 5:30 PM Late pick-up (requires sign-up)

**All scheduled times begin and end promptly,**

• If your child is registered for both morning and afternoon classes, supervised lunch is included at no additional charge.
• Students attending regattas have different schedules. Students are informed as soon as possible of the report times for regattas.

Please let us know if:
• Your child will be **ABSENT** from class
• Someone other than a parent or guardian will be picking your child up

**DROP-OFFS & PICK-UPS**

DROP-OFFS & PICK-UPS are curbside between 72 & 70 Water Street. You must sign your child in and out of camp each day (unless they can sign themselves out). **Please bring photo ID to every pick-up.**

Parking is available on the street or in the three **public** parking lots in the Borough (Town Dock, Wayland’s Wharf, & duBois Beach). Please do not park at the Stonington Inn/Breakwater Restaurant or at the Stonington Commons. Please do not block street traffic or private driveways.

Please drop child/ren off on time and be sure they have everything they need for class each day. For safety reasons, parents are not allowed beyond the drop off area while camp is in session.

Late pick-ups will be charged accordingly.
WHAT ABOUT THE WEATHER?

Classes are held RAIN, SHINE, WIND or NO WIND! NESS’s first priority is safety. We will limit on-the-water activity if we deem it unsafe. The weather conditions for each day will dictate how much on-the-water time each class will have. Sometimes instructors will take the kids out in the rain, please dress your child/ren according to the weather forecast! Some days bring thunderstorms, fog, no wind, or even too much wind, all of which can limit time on the water. In these cases, instructors have planned level-appropriate activities.

PAPERWORK AND MEDICATIONS

As a condition to participating in NESS Summer Camp, students and their parents/guardians are required to provide a Health Exam Form no less than two weeks prior to the start of program. Any student bringing medication such as an Epi-Pen or inhaler must also provide the completed NESS Authorization for Administration of Medicine. Failure to turn these forms in to the NESS office by the deadline may result in the student missing program.

These forms are available as part of this handbook. You can also find links to the forms in your confirmation email, on our website, or by logging in to your online account. To submit paperwork, please upload to your online account in the “Supplemental Forms” section. NESS will also accept paperwork via mail, email, or fax, however it is the parent’s responsibility to confirm receipt of forms with the NESS office.

SOME BASICS

SWIM CHECKS: Swim checks are required for most programs and are conducted during class time at the instructors’ and Program Directors’ discretion.

NESS GEAR: NESS provides all gear needed for class (except footwear and clothing); however, a personal life jacket, wetsuit, and snorkel gear are encouraged for comfort and best fit.

WHAT TO WEAR/BRING: bathing suit, closed toed water shoes (NO flip flops or Crocs!), sunscreen (please apply before arriving), USCG Type III Life Jacket (NESS life jackets are available for use), and a reusable water bottle. Sailing students: pea-less safety whistle Little Aquanauts & Bay Bounders: pack a peanut-free snack

OTHER SUGGESTED GEAR: Sunglasses, hat, towel, dry pair of shoes & change of clothes, marine science & adventure sports: wetsuit (NESS wetsuits are available for use)

NESS EQUIPMENT: Students will be utilizing NESS sailboats, kayaks, stand up paddle boards, surfboards, masks & snorkels, wetsuits, boogie boards, windsurfing gear and scientific instruments and materials. Use of NESS equipment and materials is a privilege and is limited to NESS participants only.

DAMAGE: Any damage to NESS equipment or materials, other than normal wear and tear, including replacement if necessary, is the responsibility of the student and his/her parents.

PERSONAL ITEMS: NESS cannot be responsible for lost or stolen personal items. Please leave items of value at home.

CLASS SIZE: Class maximums have been designed for teaching effectiveness and boating safety and are regulated by the US Coast Guard.

STUDENT CONDUCT: Students must follow and adhere to the NESS Code of Conduct, NESS Equipment Care Policy, and have an understanding of the NESS Discipline Policy.

SPECIAL NEEDS: Please let us know if your child has any special needs or is anxious for program. This will help us to work with them. If you need to talk to your child’s instructor, please do so outside of class time.

WHAT NOT TO WEAR/BRING:

- NO jeans (too heavy when wet)
- NO pants/shorts with rivets (they scratch the boats/boards)
- NO cotton clothing (uncomfortable and cold when wet!)
- NO valuables
- NO electronic devices (please leave them at home!)
- NO open toed shoes

NEED NESS GEAR? Go to nessf.org/store!

ADULT PROGRAMS

We have programs for adults too! Whether you want to learn how to sail or just explore the harbor by kayak or paddle board, NESS has a variety of adult programs. Visit nessf.org to learn more!
Physical Exams are Valid for 3 Years From Date of Examination

Name: ___________________________ Date of Birth: ___________ Phone: __________________
Address: ___________________________ Telephone: __________________
Emergency Contact: ___________________________ Telephone: __________________

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam __/__/____

☐ May participate in all activities
☐ May participate except for: _________________________________________________________________

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription or over the counter medication(s)? ☐ YES ☐ NO
If yes, indicate names of medication(s): ________________________________________________________

Does the individual have allergies? ☐ YES ☐ NO Explain: _________________________________________

Is the individual on a special diet? ☐ YES ☐ NO Explain: _________________________________________

Does the individual have special needs? ☐ YES ☐ NO Explain: _________________________________

This staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

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Hepatitis B  Diphtheria  Pertussis  Pneumococcal conjugate  Polio

Comments: __________________________________________________________________________________________
_______________________________________________________________________________________________

Print name of medical care provider: _______________________________________________________________________

Medical care provider’s address: _______________________________________________________________________

Medical care provider’s: City/Town ___________________________ ST ___________ Zip Code__________________

_______________________________________________________________________________________________

Signature of Physician, PA, APRN or RN
Date: ______________________________________________________________________________________
NESS Authorization for the Administration of Medication

Parent/Guardian Authorization:

In Connecticut, licensed camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered.

Medications must be in the original container and labeled with the child’s name, name of medication, original prescription, directions for medication’s administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper’s departure at the end of camp.

I have read, understood, and accepted the above information regarding my child’s medication: ________

I request that medication be administered to my child as described and directed above

I request that medication be self-administered to my child as described and directed above

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name: ___________________________ Last Name: ___________________________
Address: ____________________________ Town: ___________________ Phone Number: (___) _________

Signature of Parent/Guardian Authorizing Administration of Medication: ______________________________________

Today’s Date: _____________________

Authorized Prescriber’s Order (Physician, Dentist, Physician’s Assistant, Advanced Practice Registered Nurse):

Name of Child: ___________________________ Date of Birth: ____________ Today’s Date: ____________
Medication Name: __________________________________________ Controlled Drug? Yes ___ No ___
Dosage: ___________________________ Method: ___________________________ Time of Administration: ___________________________
Specific Instructions for Medication Administration: __________________________________________________________

Medication Administration: Start Date: ___________________________ Stop Date: ___________________________

Is this Medication to be Self-Administered by the child? Yes ___ No ___

Relevant Side Effects of Medication: ___________________________

Plan of Management for Side Effects: ________________________________________________________________

Known Food or Drug Allergies? Yes ___ No ___ Reactions to? Yes ___ No ___ Interactions with? Yes ___ No ___

If “yes” to any of the above, please explain: __________________________________________________________

Prescriber’s Name: ___________________________________________ Phone Number: (___) _____________
Prescriber’s Address: ___________________________________________ Town: ___________________________

Prescriber’s Signature: ____________________________________________________________

Internal use only:

Camp Director Signature (In ink): ___________________________________________ Date: _____________________
Instructor Signature (In ink): ___________________________________________ Date: _____________________

Building Brighter Futures Through Ocean Adventure Education
70 & 72 Water Street • PO Box 733 • Stonington, CT 06378 • 860.535.9362 • www.nessf.org
CONCUSSION Information Sheet

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children’s or teens’ games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children’s or teens’ chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach’s rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren’t serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it’s better to miss one game than the whole season.

To learn more, go to www.cdc.gov/HEADSUP
Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children’s or teens’ health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child’s or teen’s health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child’s or teen’s school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child’s or teen’s return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children’s or teens’ games and practices to help protect them from concussion or other serious brain injury.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: ________________________________ Date: __________________

Athlete Signature: __________________________________________

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: ________________________________ Date: __________________

Parent or Legal Guardian Signature: __________________________________________