



## THE SOCIETY FOR OCEAN SCIENCES

# Registration Form for Bahamas Field Expedition June 23 – 30, 2010

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
(First, Middle, and Last Names –exactly as they appear on passport)

Home Address  
\_\_\_\_\_

City/State / Zip  
\_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth Date: \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Telephone \_\_\_\_\_

### Payment for the Expedition

**The program has sufficient room for only 20 registrants. Registrants will be accepted on a first-come-first-served basis. In order to register for the trip, each participant must submit a registration form along with a down payment of \$950.00. Registration will be closed on February 1, 2010.**

Checks can be made out to *The Society for Ocean Sciences* and given to Ms. Bailey. After determining that there are a sufficient number of participants to offer this trip, deposits will be used immediately to purchase roundtrip airline tickets to the Bahamas for each participant and all staff. **Final payment of the remaining \$950.00 is due by April 1, 2010.**

In the event that there is insufficient registration, all deposits will be returned to participants. Thereafter, monies used to purchase airline tickets cannot be refunded.

# GRC STUDENT CONTRACT FORM

I agree to the following statements and assume the following responsibilities:

1. To read the General Information and to complete the Health Status Form and the student Contract Form.
2. To avoid forms of personal conduct that may jeopardize the Gerace Research Centre (GRC), fully understanding that if the Executive Director believes my conduct has jeopardized the GRC I will be expelled from the island at my own expense and will forfeit all fees paid.
3. To post a \$10.00 property damage bond upon arrival on San Salvador. This fee will be refunded in full before departure from the island if no damage by my group is incurred.
4. To discuss with my group leaders health and accident insurance for my stay on San Salvador, and agree to purchase a policy through the GRC for a fee of \$1.50 per day.
5. I agree to the following Hold Harmless Clause:

I fully understand that the GRC, along with its administrators, faculty and staff will not be held responsible, financially or otherwise, for any injury, accident, or sickness, including those resulting from any in the water activities. By signing this release I certify that I am cognizant of the basic risks and dangers in swimming and snorkeling in a marine environment.

In the event of my physical or mental incapacitation for any reason, I hereby authorize the GRC to take such actions and engage such services on my behalf as they deem necessary for my health, and I agree to promptly reimburse them for all costs incurred on my behalf including medical assistance and transportation to medical facilities.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Group: The Society for Ocean Sciences

**HEALTH STATUS FORM**  
**(required for all visitors to the GRC)**  
**2009-2010**

Name \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_  
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Home Address \_\_\_\_\_ City/State \_\_\_\_\_

Home Telephone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Do you participate regularly in active sports? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, specify what sports. If not, indicate what exercise you normally obtain:

Have you ever been rejected from military service or employment for medical reasons? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain.

When was your last physical examination? Month \_\_\_\_\_ Year \_\_\_\_\_ Where \_\_\_\_\_.

When was your last chest X-ray? Month \_\_\_\_\_ Year \_\_\_\_\_ Where \_\_\_\_\_.

Reason for and results of chest X-ray:

Have you ever had an electrocardiogram? Yes \_\_\_\_\_ No \_\_\_\_\_.; have you ever had an electroencephalogram? Yes \_\_\_\_\_ No \_\_\_\_\_.; if yes to either, give reason for test and the results:

Check the blank if you have, or ever have had, any of the following. Explain, giving dates and other pertinent information.

Frequent colds or sore throat \_\_\_\_\_  
Hay fever or sinus trouble \_\_\_\_\_  
Trouble breathing through nose, other than during colds \_\_\_\_\_  
Painful or running ear, mastoid trouble, broken eardrum \_\_\_\_\_  
Asthma or shortness of breath after moderate exercise \_\_\_\_\_  
Chest pain or persistent cough \_\_\_\_\_  
Spells of fast irregular, or pounding heart \_\_\_\_\_  
High or low blood pressure \_\_\_\_\_  
Any kind of "heart trouble" \_\_\_\_\_  
Frequent upset stomach, heartburn, indigestion, peptic ulcer \_\_\_\_\_  
Frequent diarrhea or blood in stool \_\_\_\_\_  
Belly or backache lasting more than a day or two \_\_\_\_\_  
Kidney or bladder disease; blood, sugar, or albumin in urine \_\_\_\_\_  
Syphilis or gonorrhea \_\_\_\_\_

Broken bone, serious sprain or strain, dislocated joint \_\_\_\_\_  
Rheumatism, arthritis, or other joint trouble \_\_\_\_\_  
Severe or frequent headaches \_\_\_\_\_  
Head injury causing unconsciousness \_\_\_\_\_  
Dizzy spells, fainting spells or fits \_\_\_\_\_  
Trouble sleeping, frequent nightmares, sleep walking \_\_\_\_\_  
Nervous breakdown or periods of marked depression \_\_\_\_\_  
Dislike for closed-in spaces, large open places or high places \_\_\_\_\_  
Any neurological condition \_\_\_\_\_  
Train, sea, air sickness \_\_\_\_\_  
Alcoholism, or any drug or narcotic habit (including regular use of sleeping pills, Benzedrine, etc.) \_\_\_\_\_  
Recent gain or loss of weight or appetite \_\_\_\_\_  
Jaundice or hepatitis \_\_\_\_\_  
Tuberculosis \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Rheumatic fever \_\_\_\_\_

Any serious accident, injury or illness not mentioned above (describe under "remarks" giving dates).

List any prescribed medications you are currently taking (for example, insulin)

Describe purpose for medication.

Do you have any allergies (food, drug, environmental)?

Are you or have you ever been on a special diet?

Are you under professional care other than for periodic checkups?

If yes, please explain.

Have you received professional help regarding any mental or emotional disorder?

If yes, please explain.

Date of last tetanus shot \_\_\_\_\_ .

Remarks:

Signature: \_\_\_\_\_



# THE SOCIETY FOR OCEAN SCIENCES

## Water Skills Form for Bahamas Field Expedition

Name \_\_\_\_\_ Age \_\_\_\_ Sex \_  
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### Swimming Experience

**Please characterize your swimming ability (check all that apply):**

- I am a non-swimmer.
- I can swim 100 yards  easily  with some difficulty.
- I can swim 500 yards  easily  with some difficulty.
- I can tread water for  5  10  15 or more minutes.
- I swim regularly. ( \_\_\_\_ times a week for \_\_\_\_ hours each time)

My comfort level while swimming in the ocean:

- Not at all comfortable.
- Comfortable in clam seas.
- Comfortable in rough seas.

I am currently certified in:

- Red Cross Life Saving
- CPR
- First Aid

### Snorkeling Experience

**Please characterize your snorkeling ability (check all that apply):**

- I have not snorkeled.
- I snorkel infrequently while on vacation. Number of times \_\_\_\_\_
- I snorkel frequently while on vacation. Number of times \_\_\_\_\_
- I am comfortable snorkeling in calm seas.
- I am comfortable snorkeling in rough seas.
- I am able to surface dive to a depth of 10 to 15 feet.
- I have no problem equalizing the pressure in my inner ears during snorkeling.

## Boating Experience

**Please characterize your boating experience (check all that apply):**

I  am  am not comfortable traveling as a passenger in small motorized boats.

I have  no  some  extensive experience in small self-propelled watercraft (for example, canoes, kayaks, etc.)

Do you experience sea sickness?  Yes  No  Sometimes

If you do experience sea sickness, is it  Mild or  Severe

To avoid sea sickness I take \_\_\_\_\_ to alleviate symptoms.

**PARTICIPANT AGREEMENT, INDEMNIFICATION, AND  
ACKNOWLEDMENT OF RISK**

I acknowledge my participation in the marine field program which is instructed by staff of The Society for Ocean Sciences.

Activities include known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or injury to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. In consideration of being permitted by The Society for Ocean Sciences, its staff and its volunteers (hereinafter collectively referred to as The Society), to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless The Society from any and all claims, demands, or causes of action which are brought by myself; and/or on behalf of myself against The Society, and which are in any way connected with such use or participation by myself.

I hereby represent that I am in good health, and that I have adequately informed The Society personnel of any special instructions regarding myself. I certify that I have adequate insurance to cover any injury or damage that I may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize The Society personnel to call for medical care to transport me to a medical facility or hospital if, in the opinion of such personnel, that I need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of myself; in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, The Society, shall have no further responsibility for me and I agree to pay all costs associated with such medical care and transportation.

Print Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian, if participant is less than 18 years of age)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

**PHOTO RELEASE**

I, \_\_\_\_\_ (printed name of participant), give The Society for Ocean Sciences the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion. I release the Society, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

I hereby grant permission to The Society to photograph the participant during activities and to use the photographs in Society audio-visual and printed materials without compensation or approval rights.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Guidelines and Expectations for a Wonderful Trip to the Bahamas

### DO

- Come ready to have a great time
- Follow any stipulated “lights out” rules so that you wake up rested and ready to go
- Treat everyone you meet with respect
- Enjoy the culture and people of the areas we travel in
- Marvel at the exotic animals, plants, and minerals of the area.
- Stay with the group, particularly your “buddy”, at all times. No exceptions
- Attend all events and meals
- Follow the directions of PHS staff and SOS Guides and staff of the GRC
- Ask lots of questions
- Minimize your use of electronics; maximum your awareness of the wonders in front of you
- Leave people with a positive impression of yourself, your school and your country

### DO NOT

- Do not bring, accept, purchase or use drugs, alcohol, tobacco or weapons
- Do not touch, chase, frighten or pick plants, animals or minerals
- Do not go into the bedroom of someone of the opposite gender for any reason at all...ever
- Do not use electronics except while traveling in the bus, plane or in your bedroom. Use headphones at all times
- Do not share medications with anyone in the group.
- Do not leave the Gerace Research Center campus alone at any time.
- Do not leave the Gerace Research Center campus without the knowledge and approval of the chaperones.

### Students can expect:

- That there will be consequences if rules aren’t followed.
- That chaperones will decide the consequence regarding individual negative behavior.
- That parents will be called in situations involving tobacco, alcohol, drugs or weapons.
- That, if circumstances warrant, chaperones have the authority to send students home before the end of the expedition at the additional expense of their parents

**While on the Bahamas Expedition, I understand and agree to follow the above guidelines and expectations.**

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Student’s Signature / Date

**While on the Bahamas Expedition, I understand and agree that my son or daughter will follow the above guidelines and expectations.**

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Parent or Guardian’s Signature / Date