



# Participant Information

# CCMI

Programme Applied for \_\_\_\_\_ Programme Dates \_\_\_\_\_

### Participant information

First Name			Middle Initials		Last Name		
Age		Date of Birth (MM/DD/YY)			Gender	MALE / FEMALE	
Country of residence/citizenship				Ethnicity *(this information is collected to assist in gaining sponsorship and grants for CCMI education programmes)			
Address							
Phone number (Please include area code)				Cell phone			
Email Address							
Name of Participants School							
Is Participant SCUBA certified?	YES / NO	If YES, how many dives?			Date of last dive?		
Current SCUBA certification level		Dive certification agency, ie PADI			Dive certification number		
Does participant have Travelers EMS Diver Preferred / DAN insurance?	YES / NO	Travelers EMS Diver Preferred/ DAN insurance plan and number					

### Parent / Guardian information

Parent / Guardian's First Name			Middle initials		Last name		
Address – if different from above							
Home phone number (Please include area code)			Cell phone			Work Phone	
Email Address					Gender	MALE / FEMALE	

**If applying for YELC, CMEC, or MEC: Please include a reference from a teacher, coach, camp director or similar.**

Name of Referee		
Relationship		
Email address		
Phone number		

How did you learn about this programme?		
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Payment:  Cheque enclosed with printout       Credit Card Online by PayPal ([click here](#))



# Field waiver, liability & disclaimer

# CCMI

**THIS DEED OF INDEMNITY AND WAIVER** (this **"Waiver"**) is made the \_\_\_\_\_ day of \_\_\_\_\_ between \_\_\_\_\_  
\_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_ (my **"Child"**) of \_\_\_\_\_

\_\_\_\_\_ (address) and each of the Little Cayman Research Centre (the **"Research Centre"**), the Central Caribbean Marine Institute (also known as CCMI), incorporated under the laws of the State of New Jersey and recognized as a federal 501c(3) non-profit organization and its affiliates, CCMI, a company limited by guarantee in the United Kingdom, and CCMI, a local company incorporated in the Cayman Islands and registered as a local charity and any of their respective parent companies, subsidiaries and affiliates (together hereinafter called **"CCMI"**).

In consideration of my child \_\_\_\_\_ (my **"Child"**) being given the opportunity to participate in a CCMI programme (the **"Programme"**) at the Research Centre, I hereby acknowledge, agree and confirm as follows:

I am aware of the skills needed for, and recognize the risks of injury or harm that may occur to my Child as a result of my Child's participation in the Programme. I assume such risks on my own for myself and my Child as a condition of my Child's being permitted to participate in the Programme. To my knowledge, my Child has no existing medical condition that could worsen or result in further injury (to my Child or to others) as a result of my Child's participation in the Programme. I understand that neither the CCMI, nor the Research Centre nor any of their affiliates nor any of their officers, directors, trustees, agents or employees is responsible for administering any medical care or medication required by my Child whatsoever (**"Medical Treatment"**) during my Child's participation in the Programme. In case of emergency, the Research Centre or any of its officers, directors, trustees, agents or employees is authorized to seek Medical Treatment for my Child, and I accept full financial responsibility for all the costs of such Medical Treatment and any associated costs connected thereto.

In the event that CCMI or the Research Centre or any of their affiliates or any of its officers, directors, trustees, agents or employees deems it necessary at their sole discretion to evacuate my Child from the Research Centre for any reason including (without limitation) in the event of a threat of a hurricane or other act of God or to relocate my Child into an alternative building for example (without limitation) a shelter, I hereby authorize CCMI or the Research Centre or any of their affiliates or any of its officers, directors, trustees, agents or employees to take any and all action that they deem necessary (**"Emergency Action"**) and I accept all financial liabilities related thereto.

For my Child and for myself and for my Child's heirs, successors and assigns, I hereby release and forever discharge CCMI and any of their parent companies, subsidiaries and affiliates, and their respective officers, directors, trustees, shareholders, agents, employees, successors and assigns all in their official or individual capacities (**"Indemnified Persons"**) from any and all actions, costs, suits, demands, claims, damages, losses and liabilities direct or indirect howsoever arising (including without limitation reasonable attorney's fees) of any type or kind whatsoever arising out of or caused (**"Loss"**) by my Child's participation in the Programme any Medical Treatment provided or as a result of any Emergency Action taken or in connection with any damage, loss or theft of any of my Child's personal property, equipment, clothing, or effects.

I hereby agree to indemnify, defend and hold harmless the Indemnified Persons from and against any Loss of any type or kind whatsoever arising out of or caused by my child's participation in the Programme any Medical Treatment provided or as a result of any Emergency Action taken.

I understand and agree that none of the Indemnified Persons may be held liable or responsible in any way for any injury, death, or other damages to me, my Child, my family, or any of their estate, heirs or assigns that may occur as a result of my Child's participation in the Programme or as a result of the negligence of any party, including the Indemnified Persons, whether passive or active. In consideration of being allowed to participate in the Programme, I hereby personally assume all risks of the Programme, whether foreseen or unforeseen, that may befall my Child while my Child is a participant in the Programme, including but not limited to the academics, confined water and/or open water activities including (without limitation) any snorkeling or other swimming activities or the use of public or private transportation. I further release, exempt and hold harmless said course and Indemnified Persons from any claim or lawsuit by me, my Child, my family, or any of their estate, heirs, or assigns, arising out of my Child's enrollment and participation in the Programme. This Waiver may be signed in counterpart, each of which shall be deemed an original, but all of which shall constitute an instrument.

I acknowledge and agree that any Indemnified Person may rely on the terms of this Waiver and take the benefit of any of the terms contained herein. I understand and agree that the Research Centre or CCMI has the discretionary right to terminate my participation in the Programme if they conclude further participation would pose a risk to the safety of myself or others or if they conclude the Participant's behaviour is disruptive to the best interests of the Programme. Permission is hereby given for the use the Participant's likeness, photographs, statements, video tape, voice, music or articles in the promotion of future Programmes. This Waiver is governed by the laws of the Cayman Islands and the Courts of the Cayman Islands shall have exclusive jurisdiction.

<b>EXECUTED and DELIVERED as a DEED</b>	
<b>By</b>	
_____	Witness Signature _____
<b>Signature of Participant, or Parent or Legal Guardian if Participant is a minor</b>	
Print Name _____	Witness Name _____
<b>Date:</b> _____	
<b>EXECUTED and DELIVERED as a DEED</b>	
For and on behalf of <b>CCMI</b>	
_____	Witness Signature _____
<b>Signature of CCMI representative</b>	
Print Name _____	Witness Name _____
<b>Caribbean Marine Ecology Camp Date:</b> _____	



# Medical Information

CCMI

## To the Participant

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in **recreational SCUBA diving or other aspects of the field experience**. A positive response to a question does not necessarily disqualify you from diving or other activities. A positive response means that there is a preexisting condition that may affect your safety and we recommend you seek the advice of your physician prior to engaging in certain activities.

### Please answer with the full word YES or NO to the following:

Are you pregnant or attempting to become pregnant?		Are you currently receiving any medical care?	
Are you presently taking any medications (excepting birth control or anti malarial)?		Do you have any form of Diabetes?	
Do you smoke a pipe, cigars or cigarettes?		Do you have asthma, wheezing whilst breathing or whilst exercising?	
Do you have a high cholesterol level?		Do you have frequent or severe attacks of hay fever or allergy reactions?	
Do you have a family history of heart attacks or strokes?		Do you have frequent colds, sinusitis or bronchitis?	
Do you have high blood pressure?		Do you have any form of lung disease?	

### Have you ever had or do currently have – please answer YES or NO:

Pneumothorax (collapsed lung)?	
Other chest disease or chest surgery?	
Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?	
Epilepsy, seizures, convulsions or take medications to prevent these?	
Recurring complicated migraine headaches or take medications to prevent them?	
Blackouts or fainting (full/partial loss of consciousness)?	
Frequent or severe suffering from motion sickness (seasickness or carsickness etc)	

Please answer the following questions on your past or present medical history with a **YES** or **NO**.

### Past and present medical history

Dysentery or dehydration requiring medical intervention?	
Any dive accidents or decompression sickness?	
Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 minutes)?	
Head injury with loss of consciousness in the past five years?	
Recurrent back problems?	
Back or spinal surgery?	
Diabetes?	
Back, arm or leg problems following surgery, injury or fracture?	
High blood pressure or take medicine to control blood pressure?	
Heart disease?	
Heart attack?	
Angina, heart surgery or blood vessel surgery?	
Sinus surgery?	
Ear disease or surgery, hearing loss or problems with balance?	
Recurrent ear problems?	
Hernia?	
Ulcers or ulcer surgery?	
A colostomy or ileostomy?	
Recreational drug use or treatment for, or alcoholism in the past five years	
Is there any additional information about your medical conditions for which a physician in another country should be made aware? (if yes please provide details on a separate sheet)	



# Emergency Contact Information

# CCMI

Participant's Name		Participants Date of Birth (DD/MM/YY)		Age at course start date	
Address					
Phone (home)		Phone (cell)		Phone (school)	

### Emergency Contact (different from Parent / Guardian)

Full Name		Relationship to participant	
Address			
Phone (home)		Phone (work)	Phone (cell)

### Participants Doctor Information

Participants Doctor			
Surgery Address			
Surgery Phone number		Surgery email address	

## Confidential Health Information for Emergency Purposes

Insurance Company and Policy Number which covers you on this trip: \_\_\_\_\_

DAN / Travelers EMS Diver Preferred Insurance Card Number (for SCUBA divers): \_\_\_\_\_

Prescription Medications used regularly (please include all medications):  
\_\_\_\_\_

Allergies (allergies to medications, food, or other substances):  
\_\_\_\_\_

Blood Type (if unknown please leave this blank): \_\_\_\_\_

### Dietary requirements

List any special dietary requirements or foods that the participant cannot eat (please note CCMI cannot cater for all special requirements):  
\_\_\_\_\_

In the event of an emergency and I/we (Parent/Guardian) cannot be reached, I/we give our consent to authorise treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

**The information I have provided about my medical history (above and below) is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

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

(Needed if Participant is under the age of 18)