PROGRAMME DETAILS

Students 14 – 18 Years

7th – 14th August 2018

Cost

\$1999 USD per international student

(Scholarships available for Caymanian students)

Course cost also includes

- Accommodation
- 3 meals/day
- Scuba diving (if certified)
- Instructor fees
- Local airport transportation

Edmund F. & Virginia B. Ball Caribbean Marine Ecology Camp (CMEC)

Students focus on tropical marine ecology and conservation, learning from expert scientists. No day is the same as they develop experiments, conduct research, dive, snorkel, and explore a pristine reef system.

We begin with an evening of team-building games to create the camp teams that will compete in challenges throughout the week. Activities include building underwater robots, lionfish cook-offs, underwater fish and coral ID classes, a UV night dive, island-wide scavenger hunts, beach bonfires, and so much more!

The CMEC open to new and returning campers and is aimed at building upon marine ecology basics. We encourage students to hone leadership skills in group settings and extend upon activities. For example, students will use underwater robots combined with their fish identification skills to conduct a fish survey.

Questions? Email education@reefresearch.org

"MY EXPERIENCE WAS AMAZING BECAUSE THE PEOPLE WERE INCREDIBLE, THE DIVING WAS AWESOME, AND THE INFORMATION WAS ENDLESS."

MARGARET GLASER,
 CARIBBEAN MARINE ECOLOGY CAMPER 2016







Participant Information

Programme Applie	ed for				Progra	amme [Date	s	
Participant informat	tion								
First Name				Middle Initials		Last Na	me		
Age		Date of Birth (MM/DD/YY				Gender	-	N	MALE / FEMALE
Country of residence/citizenship		(, 25)	l		Ethnicity *(th collected to a sponsorship a CCMI educatio	assist in ga and grants	aining for		
Address									
Phone number (Please include area code)					Cell phone				
Email Address					1				
Name of Participants School									
Is Participant SCUBA certified?	YES / NO		If YES, ho	ow many			Da	te of last dive?	
Current SCUBA certification level			Dive cert agency, i					ve certification mber	
Does participant have Travelers EMS Diver Preferred / DAN insurance?	YES / NO		Travelers EMS Diver Preferred/ DAN insurance plan and number						
Parent / Guardian in	nformation	1	•	.					
Parent / Guardian's First Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Middle initials		Last na	me		
Address – if different from above									
Home phone number (Please include area code)			Cell phor	ne			Wor Pho		
Email Address				•		Gende	r	MALE / FEI	MALE
If applying for YELC,	CMEC, or MEC	: Please includ	de a refe	erence fro	m a teacher,	coach,	сатр	director or	similar.
Name of Referee									
Relationship									
Email address									
Phone number									
How did you learn about t	this programme?								
Payı	ment: Che	que enclosed v	with prir	ntout	☐ Credit	Card Or	nline	by PayPal (<u>cl</u>	ick here)



Field Waiver, Liability & Disclaimer

the parent or legal guardian of	
known as CCMI), incorporated under the laws of the State of New Jersey and recognized as a federal SOL(3) non-profit organization and its affiliates, company limited by guarantee in the United Kingdom, and CCMI, a local company incorporated in the Cayman Islands and registered as a local charity their respective parent companies, subsidiaries and affiliates (together hereinafter called "CCMI"). In consideration of my child	
"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 P 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 knowled 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. In case of emergency, the Research Centre or any of their affiliates or any of their officers, directors, trustees, agents or ersponsible for administering any medical care or medication required by my Child whatsoever ("Medical Treatment") during my Child's participation of the costs of such Medical Treatment and any associated costs connected thereto. In the event that CCMI or the Research Centre or any of its officers, directors, trustees, agents or employees is authorized to seek 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 neces 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 of od or to relocate my Child into an alternative building for example (without limitation) a shelter, I hereby authorize CCMI or the Research Centre or affiliates or any of its officers, directors, trustees, agents or employees are any of its officers, directors, trustees or employees to take any and all action that they deem necessary ("Emergency Action") and financial liabilities related thereto. For my Child and for myself and for my Child's heirs, successors and assigns, I hereby agree may any any any any and all actions, costs, suits, demands, claims, damages, losses and liabilities direct or indirec arising (including w	CCMI, a
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 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 affiliates or any of its officers, directors, trustees, agents or employees to take any and all action that they deem necessary ("Emergency Action") an 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 subsidiaries and affiliates, and their respective officers, directors, trustees, shareholders, agents, employees, successors and assigns all in the individual capacities ("indemnified Persons") from any and all actions, costs, suits, demands, claims, damages, losses and liabilities direct or indirect arising (including without limitation reasonable attorney's fees) of any type or kind whatsoever arising out of or caused ("Loss") by my Child's particip 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 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 damage 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 any party, including the Indemnified Persons, whether passive or active. In consideration of being allowed to participate in the Programme, I hereb assume all risks of the Prog	ogramme. ge, my Chilo ogramme. mployees is ation in the
subsidiaries and affiliates, and their respective officers, directors, trustees, shareholders, agents, employees, successors and assigns all in the individual capacities ("Indemnified Persons") from any and all actions, costs, suits, demands, claims, damages, losses and liabilities direct or indirect arising (including without limitation reasonable attorney's fees) of any type or kind whatsoever arising out of or caused ("Loss") by my Child's particip 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 opersonal 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 damage 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 nay party, including the Indemnified Persons, whether passive or active. In consideration of being allowed to participate in the Programme, I hereb assume all risks of the Programme, whether foreseen or unforeseen, that may befall my Child while my Child is a participant in the Programme, includimited to the academics, confined water and/or open water activities including (without limitation) any snorkeling or other swimming activities of public or private transportation. I further release, exempt and hold harmless said course and Indemnified Persons from any claim or lawsuit by me, refamily, or any of their estate, heirs, or assigns, arising out of my Child's enrollment and participation in the Programme. This Waiver may I counterpart, each of which shall be deemed an original, but all of which shall co	other act o any of thei
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 many party, including the Indemnified Persons, whether passive or active. In consideration of being allowed to participate in the Programme, I herebassume all risks of the Programme, whether foreseen or unforeseen, that may befall my Child while my Child is a participant in the Programme, including limited to the academics, confined water and/or open water activities including (without limitation) any snorkeling or other swimming activities of public or private transportation. I further release, exempt and hold harmless said course and Indemnified Persons from any claim or lawsuit by me, or 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 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 contain understand and agree that the Research Centre or CCMI has the discretionary right to terminate my participation in the Programme if they conclude the Participant's behaviour is disruptive to the best interprogramme. Permission is hereby given for the use the Participant's likeness, photographs, statements, video tape, voice, music or articles in the programme. Permission is hereby given for the use the Participant's likeness, photographs, statements, video tape, voice, music or articles in the programme. This Waiver is governed by the laws of the Cayman Islands and the Courts of the Cayman Islands shall have exclusive jurisdiction.	r official o howsoeve ation in the
understand and agree that the Research Centre or CCMI has the discretionary right to terminate my participation in the Programme if they concuparticipation would pose a risk to the safety of myself or others or if they conclude the Participant's behaviour is disruptive to the best interprogramme. Permission is hereby given for the use the Participant's likeness, photographs, statements, video tape, voice, music or articles in the puture Programmes. This Waiver is governed by the laws of the Cayman Islands and the Courts of the Cayman Islands shall have exclusive jurisdiction. EXECUTED and DELIVERED as a DEED	egligence o personally ding but no the use o ny Child, m
	ude furthe ests of the
By	
Witness Signature_	
Signature of Participant, or Parent or Legal Guardian if Participant is a minor	
Print Name Date:Witness Name	
EXECUTED and DELIVERED as a DEED For and on behalf of CCMI	
Signature of CCMI representative	
Signature of CCMI representative	
Print Name Date: Witness Name	



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

Tust 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

Participant's Name	Participants Age at course Date of Birth start date (DD/MM/YY)								
Address									
Phone (home)		Phone				Phone (sebagi)			
(cell) (school) Emergency Contact (different from Parent / Guardian)									
Full Name					Relation participa	-			
Address									
Phone (home)		Phone	(arls)			Phone			
Priorie (nome)		Phone	(WOTK)			(cell)			
Participants Doctor In	formation								
Participants									
Doctor									
Surgery Address									
Surgery Phone				Surge	ry email				
number				addre	SS				
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 Participar	t		D	ate:					
Signature of Parent or	Guardian		D	ate:					

(Needed if Participant is under the age of 18)



Standard Safe Diving Practices Statement of Understanding

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled from PADI 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, this form must also be signed by a parent or guardian.

I, (Print Par	ticipant Name)	, understand that as a diver
(Print Cert	ifying Company and Certification #)	I should:
		oid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in divin and reviewing them in controlled conditions after a period of diving inactivity.
am experie		g orientation from a knowledgeable, local source. If diving conditions are worse than those in which with better conditions. Engage only in diving activities consistent with my training and experience. D
equipment		which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of montrol device and submersible pressure gauge when scuba diving. Recognize the desirability of a ation system.
4. Listen ca	arefully to dive briefings and directions and respec	the advice of those supervising my diving activities.
	to the buddy system throughout every dive. Pla with my buddy.	n dives including communications, procedures for reuniting in case of separation, and emergence
•	<u> </u>	pression dives and allow a margin of safety. Have a means to monitor depth and time under wate Ascend at a rate of not more than 60 feet/18 meters per minute.
		e for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy whil ave weights clear for easy removal, and establish buoyancy when in distress while diving.
	properly for diving. Never breath hold or skip bre exertion while in and under water and dive within	athe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving μ my limitations.
9. Use a bo	oat, float, or other surface support station whenev	er feasible.
10. Know a	and obey local diving laws and regulations, includin	g fish-and-game and dive-flag laws.
	* *	ons answered to my satisfaction. I understand the importance and purposes of these establisheng, and that failure to adhere to them can place me in jeopardy when diving
Ву:		
	(Participant Signature)	(Date)
	(Parent(s) or Guardian(s) Name)	(Parent(s) or Guardian(s) signature(s))
•	int is a minor, parent/ legal guardian must also card must be sent to be kept on file with CCMI.	sign. If you are SCUBA certified, a copy of your diver certification card AND a copy of your div

 $\mbox{\ensuremath{^{\ast}}}$ This is the standard PADI guidelines & regulations.



SCUBA Diving Waiver

	'	between		(Participant) of	(address
(hereinafter called the " User ") and each of the Little Ca the laws of the State of New Jersey and recognized a CCMI, a local company incorporated in the Cayman Isla called " CCMI ").	is a federal 501c(3) non-	-profit organization and its af	filiates, CCMI, a compar	ny limited by guarantee in the	United Kingdom, and
I,	earch Centre. CCMI neit			onal and research experience leeing any transportation includ	
Whereby it is agreed that in consideration to, or in the possession of CCMI, and in reliance upon (Certifying Agency) for himself, his heirs, his personal representatives and officers, employees, representatives, any other partic from all actions, proceedings, claims and demands the caused or sustained by the User and for the loss of oil diving, while using diving gear or other equipment relaor indirectly from negligence or failure to take reason authorized agents, all in their official or individual capa seaworthiness of boats or other watercraft owned, many control of the capacity of the control of the capacity o	the statement of the Us (Certificat dependents, hereby rel cipating and/or sponsori at the User, his heirs, pe r damage (however causating thereto belonging to nable care to see that tocities, from the malfunctions.)	ser that he/she is (check) or is ion Number) and witheases, discharges and agrees in gentities and authorized agresonal representatives and desed) to his personal belonging to or in the possession of CCN the User will be reasonably sation of diving gear, snorkel geation of diving gear, snorkel geation.	s not (check) a qualified (#) years experience, to hold harmless CCMI, ents (individually or col ependents may have fo is suffered while in the II, including, but not lime afe, of CCMI, its trustee ar, or other equipment,	SCUBA diver with a valid diving with(#) open water d its successors and assigns and i lectively), all in their official or injury (including injury resultifield, in trucks, cars, on boats, ited to, such injury, loss or dams, directors, officers, employees	g certificate issued by ives, the User hereby ts trustees, directors individual capacities ing in death) howeve or any other vehicle large resulting directives, representatives o
I, (Par The User confirms that he/she is ultimately responsi snorkeler's responsibility to refuse to dive or snorke decompression sickness, embolism or other hyperbaric are necessary for training and for certification, may be proceed with such dives in spite of the possible absence	ible for his/her own satel if in his/her judgment or injury can occur that represended at a site the conducted at a site the c	fety and agrees to obey all t t, conditions are unsafe. I u equire treatment in a recompr hat is remote, either by time	he rules and regulation nderstand that diving v ession chamber. I furthe or distance or both, fr	vith compressed air involves c er understand that any open wa	clearly the diver's o ertain inherent risks ter diving trips which
I understand and agree that neither CCI sponsoring entities and authorized agents (individuall) responsible in any way for any injury, death, or other negligence of any party, including the Released Partie risks of this programme, whether foreseen or unfores and/or open water activities. I further release, exemp out of my enrollment and participation in this course in	y or collectively), all in t damages to me, my fai s, whether passive or a seen, that may befall me ot and hold harmless said	their official or individual capa mily, estate, heirs or assigns t ctive. In consideration of bein e while I am a participant in t d course and Released Parties	cities (hereinafter refei hat may occur as a resing allowed to participat his programme, includin from any claim or lawsi	red to as "Released Parties") ult of my participation in diving e in this programme, I hereby ng but not limited to the acade uit by me, my family, estate, he	may be held liable og or as a result of the personally assume all mics, confined wate
I also understand that skin diving and scut myself, and that if I am injured as a result of a heart at the Released Parties responsible for the same. I furthe parent or guardian. I understand the terms herein are agree to waive my legal rights. I further agree if any remainder of this Agreement will then be construed as	ttack, panic, hyperventila er state that I am of lawf contractual and not a m provision of this Agreei	ation, drowning or any other of ul age and legally competent the nere recital, and that I have sig ment is found to be unenforce	ause, that I expressly as so sign this liability relea ned this document of m leable or invalid, that p	ssume the risk of said injuries a se, or that I have acquired the v y own free act and with the kno	nd that I will not hold written consent of my owledge that I hereby
In full awareness of the above and in considirectors, officers, employees, representatives, any of capacities from all actions, proceedings, clams and de and for the loss of or damage (however caused) to his Agreement may be signed in counterpart, each of which	ther participating and/o mands that the User, hi is personal belongings a	or sponsoring entities and aut is heirs, personal representation prising in any manner out of r	horized agents (individues and dependents many presence or activitie	ually or collectively), all in thei y have for injury (including inju s while participating in a progr	official or individua ry resulting in death
I have read, understood and agree to the booking to diving practices also posted on the CCMI's website I a					rstood the PADI safe
EXECUTED and DELIVERED as a DEE By	ED .				
				ss Signature	
Signature of Participant, or Parent o	r Legal Guardian i	f Participant is a mino	•		
Print Name			Witnes	ss Name	
Date:	If yo	ou are SCUBA certified, a copy	of your diver certification	n card must be kept on file with	n CCMI.
EXECUTED and DELIVERED as a DEE For and on behalf of CCMI	ED .				
Signature of CCIV			Witnes	ss Signature	
Signature of CCMI representative					
Print Name			Witnes	ss Name	