

# SUMMER FIELD COURSE FOR HIGH SCHOOL STUDENTS

## 2012 Application/Medical Form

I am applying for:  Introduction to Marine Biology July 9<sup>th</sup> to July 13<sup>th</sup> Course Fee: \$670

\*\*\*\*\* Early Bird Fee: \$610 (if you register by May 9<sup>th</sup> - 2 months early!!!) \*\*\*\*\*

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

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### EMERGENCY INFORMATION - CONFIDENTIAL

Give the name and contact information of a person who can be reached in an emergency, during the course dates.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Business: \_\_\_\_\_

### MEDICAL INSURANCE

Health Insurance Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Coverage Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

### HEALTH INFORMATION

Dietary Restrictions: \_\_\_\_\_

Vegetarian: No \_\_\_\_\_ Yes \_\_\_\_\_, but will eat \_\_\_\_\_

Allergies: \_\_\_\_\_

Serious Health Conditions? \_\_\_\_\_

*Please give any drug sensitivities, regular medication and other information that might be of significance to a physician or hospital treating you in an emergency situation. Use the back of this form.*

I do voluntarily consent to said minor's participation, and I do hereby assume all risks of loss and injury that may be incurred, directly or indirectly as a result to said minor's participation in all activities at the HUNTSMAN MARINE SCIENCE CENTRE. I also authorize the HUNTSMAN MARINE SCIENCE CENTRE to arrange for professional care and treatment in case of medical emergency.

I further agree to direct my son/daughter to comply with Huntsman policies and personnel. I realize that if my son/daughter does not comply with said policies, he/she may be sent home from the facility at my, the parent or legal guardian's, expense.

The HUNTSMAN MARINE SCIENCE CENTRE reserves the right to cancel the program and refund all monies in the event that enrolment is inadequate.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Complete form and mail with \$250 non-refundable deposit to: Director of Education, Huntsman Marine Science Centre, 1 Lower Campus Road, St. Andrews, New Brunswick E5B 2L7; or email application to tdean@huntsmanmarine.ca and call in a credit card number to the Huntsman main desk 506-529-1200.