



REGISTRATION FORM (please print)

Participant's Full Name: _____ Parent/Legal Guardian's Name: _____

Address: _____ City, State, and ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email(s): _____

Age of Participant (at time of camp session): _____ Birth Date: _____ School Grade (2011 -2012): _____

Parent/Guardian's Place of Employment & Address: _____

Camp Sessions: Please check one:

June 4-8, 2012 (ages 15-18) July 16-20, 2012 (ages 12-14)

July 2-6, 2012 (ages 12-14) July 23-27, 2012 (ages 12-14)

Times: 8:00 a.m. until 4:00 p.m.

Cost: \$350.00 per week

(\$50 registration fee is applied toward balance due)

T-shirt size: S M L XL

Please sign and return with check payable to Gulf Coast Research Laboratory at the following address:

GULF COAST RESEARCH LABORATORY MARINE EDUCATION CENTER

Attn: Shark Fest 2012

Gulf Coast Research Laboratory

703 East Beach Drive • Ocean Springs, MS 39564

PHOTOGRAPHY PERMISSION

My child may be photographed or videotaped during Shark Fest for educational, promotional or other non-commercial purposes. yes no _____
Initial

Please provide emergency contact names and phone numbers.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

The Marine Education Center has permission to obtain emergency medical treatment for my child. yes no

Does your child have any medical conditions about which we should be aware? (allergies, asthma, routine medications, etc.) If so, please list:

Does your child have any special needs, limitations or restrictions from activities or other events of which we need to be aware? (i.e. physically, visually, hearing impaired, social or religious) If so, please list these needs:

PARENT'S CERTIFICATION FOR PARTICIPATION (Note: required for ALL students. Registration will be VOIDED without signature.)

This is to certify that as the parent of legal guardian of the above-indicated student, I give my permission for his/her participation in Shark Fest 2012. I further certify that I release from any and every liability, claim, right of action of any kind or nature which my child or legal representative may have for any and all bodily or personal injuries or property damages or any other damages resulting there from which might occur during participation in this program.

Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian's Signature: _____

Date: _____