
ECO- ADVENTURE COZUMEL, MEXICO 2018

Important Registration Material- Please Read

Students must be entering or have completed 9th grade to be eligible for this program.

Camp Description

Camp dates: June 25th – July 2nd 7:30 a.m. – 3:00 p.m.
July 3rd – 11th Cozumel, Mexico

Cost: \$3,000. (Includes airfare, transportation, lodging, scuba certification, food and course work.)

Dive into a life-changing adventure with Omaha's Henry Doorly Zoo and Aquarium! This year, we will travel to beautiful Cozumel, Mexico.

During the first week of camp (5 days) students will be given the opportunity to shadow animal care staff and learn about the ocean and marine animals. Coursework and hands on activities will occur in the afternoons during these five days.

The second week of camp will be spent in Cozumel, Mexico where you will learn SCUBA on the 2nd largest coral reef in the world, adventure to Holbox to see the whale sharks, visit Chichen Itza Mayan Ruines and much more.

Mail Completed Application and Deposit to:

HDZA Education Department
3701 S. 10th St.
Omaha, NE 68107

Questions? Call (402)738-2092 or email classes@omahazoo.com

This program costs \$3,000. A non-refundable deposit of \$500 and application are due December 31, 2017. A second payment of \$1,250 is due on March 15, 2018. Final payment of \$1,250 is due May 1, 2018.

The trip is Non-Refundable



I. Background Information

Name: _____

E-mail Address: _____

Address: _____

City, State & Zip: _____

Phone: (____) _____ Date of Birth: _____

II. PARENT/GUARDIAN INFORMATION (To be completed by parent/guardian of applicant)

Father's Name: _____ Daytime Phone: (____) _____

Mother's Name: _____ Daytime Phone: (____) _____

Guardian's Name: _____ Daytime Phone: (____) _____

Name of person with whom the student resides: _____

Email Address of Parent/guardian: _____

If parent address is different than student address, please list parent address below:

Address: _____ City, State & Zip: _____

Financial Assistance may be available

_____ I am interested in a scholarship application.

_____ I do not need any assistance.

III. CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified statements may be grounds for removal.

Date: _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Documents Required with Final Payment

Photocopy of Health Insurance Card
Photocopy of Passport



IV. Release and Indemnification Agreement for Omaha's Henry Doorly Zoo & Aquarium

Certification of Health and Accident Insurance

The undersigned parents (or legal guardian) of a minor student ("Student") in consideration of the agreement by Omaha's Henry Doorly Zoo & Aquarium ("Zoo") to permit the minor to participate in the Eco Adventure program, state under oath that there is accident and health insurance coverage for the student that will cover the student while participating in the trip. The undersigned agree to maintain coverage in full force and effect for the duration of the period that the Student participates in the program.

Release and Indemnification

The undersigned agree to indemnify, protect, and hold harmless the Zoo, its officers, board members, supervisors, agents, servants, employees and all private persons or organizations providing or volunteering services to direct, supervise, or chaperon Students while participating in the program from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorney's fees and interest, however caused, as a result of the student participating in the program. The undersigned further acknowledges that all collected fees are paid to the Henry Doorly Zoo & Aquarium Education program are non-refundable.

Reservation of Right to Remove Student for Disruptive Behavior

The undersigned further agree that the Zoo, its officers, agents, and/or employees reserve the right to terminate the participation of the Student for failure to behave and act in accordance with the programs regulations on conduct, for failure to follow the instructions and directions of the supervisor and chaperones, or for any acts of conduct of the Student deemed by the Zoo, its officers, agents, or employees to be detrimental or incompatible with the interest, harmony, comfort or welfare of the program as a whole. If the participation of the Student is terminated, the Student will be sent home at the undersigned's expense.

The undersigned agree that the Zoo, its officers, agents, and employees reserve the right at any time prior to or during the program to make cancellations, changes or substitutions in emergencies or changed conditions or in the interest of the group, and to alter, prior to tour departure, the cost to meet unexpected changes in airline fares, hotel rate, etc., as the announced fees are based on current tariffs, rates, and expenses which are subject to change.

The undersigned have read this Agreement and accept and hereby agree to be bound by all the terms of this Agreement. The parents and/or legal guardian execute this Agreement for himself/herself/themselves and on behalf of his/her/their minor child.

Dated: _____

Signature of Student

Print Name: _____

Signature of Parents/Legal Guardian:

Print Name: _____

Print Name: _____



V. Parent or Guardian: Consent for Foreign Travel

We, _____, declare that we are the parents and lawful guardians of
(both parent names)
_____, born on _____ in
(student name) (Sex) (date of birth)
_____ is a citizen of the United States of America.
(city, state)
_____ has an American passport numbered _____,
(student name)
which was issued on _____, by the United States Department of State.
(date of issued)

Our child _____ has our consent to travel with representatives of Omaha's
(student name)
Henry Doorly Zoo & Aquarium – Education Department of Omaha, Nebraska to Cozumel Mexico for participation in the Cozumel Eco-Adventure Camp. He/she is scheduled to leave Omaha, Nebraska on July 13, 2015 and travel to Cozumel Mexico and scheduled to return from Cozumel Mexico to Omaha, Nebraska on July 20, 2015.
In the event that his/her return flights must be rescheduled, the participant has our permission to travel with the group on any rescheduled flights.

Signed _____ Signed _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Notarized Signature _____



**Cozumel Eco Adventure Trip
July 3rd – 11th 2018**

Participant Legal Name (as it appears on travel documents):

Passport #/ Expiration Date:

Food Allergies (note EpiPen need if allergic to bees):

Are you a vegetarian? Do you eat fish?

T-Shirt Size:

Shoe Size:

Contact person/Phone number to call upon arrival in Cozumel:



Eco Adventure-Cozumel, Mexico

Student Code of Conduct

Student Name: _____

While Traveling with Omaha's Henry Doorly Zoo & Aquarium:

___ I agree to dress and act respectfully and appropriately at all times.

___ I agree to not use drugs or any alcoholic products.

___ I agree to refrain from sexual activity on this trip.

___ I agree to not acquire any tattoo or body piercing on this trip.

___ I agree to respect the property of all hotels and home stays on this trip.

___ I agree to respect the authority of the chaperones and local guides, and realize that sometimes you need to simply do what they say for purposes of group safety and cohesion.

___ I understand that if I choose to violate this code of conduct, tour guides or the chaperones, they may send me home at my parent's expense.

Student Signature _____ **Date** _____

I acknowledge the following:

--I have read the student contract and agree to the terms.

--My son or daughter has read the above contract and has agreed to the terms.

--I am aware that if my child is sent home, I will pay for the complete expense.

Parent/Guardian Signature: _____ **Date** _____



Medical Statement

PARTICIPANT RECORD — CONFIDENTIAL INFORMATION

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by:

(INSTRUCTOR) _____

and (FACILITY) _____

located in the city of _____

and state of _____.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the Instructor before participation in this program. You will also need to learn from the Instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified Instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your Instructor before signing.

Medical History

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 diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your Instructor will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

- | | | |
|--|---|--|
| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant? | <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> Head injury with loss of consciousness in the past five years? |
| <input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) | <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> Recurrent back problems? |
| <input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following? | <input type="checkbox"/> Other chest disease or chest surgery? | <input type="checkbox"/> Back or spinal surgery? |
| <input type="checkbox"/> currently smoke a pipe, cigars, or cigarettes | <input type="checkbox"/> Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)? | <input type="checkbox"/> Diabetes? |
| <input type="checkbox"/> have a high cholesterol level | <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> have a family history of heart attacks or strokes | <input type="checkbox"/> Recurring migraine headaches or take medications to prevent them? | <input type="checkbox"/> High blood pressure or take medication to control blood pressure? |
| <input type="checkbox"/> are currently receiving medical care | <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> Heart disease? |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? | <input type="checkbox"/> Heart attack? |
| <input type="checkbox"/> diabetes mellitus, even if controlled by diet alone | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention? | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery? |
| | <input type="checkbox"/> Any dive accidents or decompression sickness? | <input type="checkbox"/> Sinus surgery? |
| | <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance? |
| | | <input type="checkbox"/> Recurrent ear problems? |
| | | <input type="checkbox"/> Bleeding or other blood disorders? |
| | | <input type="checkbox"/> Hernia? |
| | | <input type="checkbox"/> Ulcers or ulcer surgery? |
| | | <input type="checkbox"/> A colostomy or ileostomy? |
| | | <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years? |

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hayfever or allergy?
- Frequent colds, sinusitis or bronchitis?

The information I have provided about my medical history 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 _____

DATE _____

SIGNATURES OF PARENTS OR GUARDIANS WHERE APPLICABLE _____

DATE _____

Student

(Please print legibly)

Name _____ Birth Date _____ Age _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (____) _____ Business Phone (____) _____

Telex _____ FAX _____

Name and address of your family or primary care physician:

Physician _____ Clinic/Hospital _____

Address _____ Phone (____) _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____ Phone (____) _____

Were you ever required to have a physical for diving? Yes No If so, when? _____

Physician

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

Physician's Impression:

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks _____

I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.

_____, M.D. Date _____
Physician's Signature

Physician _____ Clinic/Hospital _____

Address _____ Phone (____) _____