



Club Shedd Registration Form (Spring 2012)

Thank you for your interest in Club Shedd! To register, please fill-out the following forms and send them to Stephanie Bohr, Teen Mentor Programs Coordinator at sbohr@sheddaquarium.org or via fax (312) 663-1472.

All participants must be in grades 9-12 and at least 14 years old.

Important Dates for Spring Semester of Club Shedd

- Meetings at Shedd Aquarium from 6:00-8:00pm occur every other week on the following Wednesdays:
 - Jan. 11, Jan. 25, Feb. 8, Feb. 22
- Overnight Experience at Indiana Dunes Learning Center- lodging and food included
 - Saturday, January 21-Sunday, January 22

INFORMATION of PARTICIPANT:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Date-of-birth _____ Home Phone Number _____ Cell Phone Number _____

Name of School _____ School Location _____ Current Grade Level _____

Student Email Address _____ Parent/Guardian Email Address _____

QUESTIONS:

1. How did you find out about Club Shedd?

2. Have you previously been involved in a Shedd Aquarium program?
If so, please list the name of each program and the year(s) you were involved.

PAYMENT *You will receive a confirmation email once enrolled*

Club Shedd has a \$149 registration fee. If you would like to apply for a need-based scholarship, please submit the scholarship application form included on the next page

Payment information (if not applying for need-based scholarship)

Type of Credit Card (check one): MasterCard Discover VISA

Name on card: First: _____ Last: _____

Card #: _____ Expiration Date: _____



CLUB SHEDD NEED-BASED SCHOLARSHIP APPLICATION (Optional)

Shedd Aquarium is able to offer a limited number of full and partial need-based scholarships toward the Club Shedd program. The objective of this fund is to allow teens the opportunity to participate in a program that would not be accessible to them without financial assistance.

The following information is to be completed by a parent or guardian and is required as a basis for deciding tuition scholarships. The information will be reviewed thoroughly and will be considered confidentially.

APPLICANT'S NAME _____

How much are you and your family able to contribute to your participation in Club Shedd? \$ _____

PARENT OR GUARDIAN'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAYTIME PHONE _____

FATHER'S (or legal guardian) OCCUPATION _____

PLACE OF EMPLOYMENT _____

MOTHER'S (or legal guardian) OCCUPATION _____

PLACE OF EMPLOYMENT _____

TOTAL FAMILY INCOME FOR THIS YEAR _____

PROJECTED INCOME FOR THE NEXT YEAR _____

Mandatory to be considered for scholarship funds

TO THE PARENT OR GUARDIAN: In the space below, please explain why you are seeking financial assistance.



Please Mail to:
John G. Shedd Aquarium
Education Department—Stephanie Bohr
1200 S. Lake Shore Drive
Chicago, IL 60605
Or fax to (312) 663-1472
Or email to sbohr@sheddaquarium.org

RELEASE AND STATEMENT OF RESPONSIBILITY

Club Shedd Field Trip

The undersigned Participant will participate in Club Shedd Field Trips offered by Shedd Aquarium. The Participant and his/her parent or guardian, for himself/herself, personal representatives, heirs and next of kin, hereby fully releases, waives, acquits and forever discharges Shedd Aquarium, its officers, directors, trustees and employees of all claims and demands by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting, directly or indirectly, from his/her participation in the aforementioned field trip and occurring during said participation or any time subsequent thereto.

The undersigned further agrees to maintain health and medical insurance for the Participant, which covers any and all damages or costs arising from any event connected with the field trip.

Shedd Aquarium assumes no liability for delay or irregularity for any reason. Shedd Aquarium can accept no responsibilities for losses or additional expenses due to delay or changes in service, sickness, weather, or other causes. All such losses or expenses are the sole responsibility of the Participant as the trip rates provide for arrangements only for the time stated.

The Aquarium reserves the right to make changes in the itinerary and to cancel any trip prior to departure. In case of an emergency, Shedd Aquarium has the right to terminate a trip at any time after its inception.

All provisions of this Agreement will be construed and governed by Illinois law without regard to the law of any other location. Any lawsuit, claim or other legal proceeding involving the Participant or Shedd Aquarium must be brought exclusively in the federal or state courts located in Cook County, Illinois and the undersigned hereby submits to personal jurisdiction in the State of Illinois and to venue in such courts.

Participant

Parent/Guardian

Signature of Participant

Signature of Parent/Guardian

Print Name

Print Name

Date: _____, 20____

Date: _____, 20____



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Medical History

Student Name _____

Address _____ City/State/Zip _____

Medications: _____

Allergies (include food, seasonal, medication, other): _____

Chronic Conditions and/or Medical Problems: _____

This individual is physically able to participate in the following field activities:

- | | | |
|--|-----------|----------|
| 1. Extensive walking and hiking | Yes _____ | No _____ |
| 2. Hot or cold weather conditions | Yes _____ | No _____ |
| 3. Labor associated with outdoor aquatic science and stewardship projects | Yes _____ | No _____ |

Restrictions on activity: _____

Food restrictions or special diet (vegetarian, vegan, cultural or religious): _____

Emergency Contact #1

Name(s) _____

Primary Phone Number _____ Secondary Phone Number _____

Emergency Contact #2 (Please list someone other than a parent or guardian)

Name(s) _____

Primary Phone Number _____ Secondary Phone Number _____

Parent/Guardian Authorization (if student is under the age of 21)

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Shedd Aquarium staff to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

 Parent/Guardian Signature

 Date



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CONSENT AND RELEASE

FOR VALUABLE CONSIDERATION which is hereby acknowledged and received, I authorize the Shedd Aquarium and its affiliates, employees, agents and sponsors and any person receiving permission from any of the foregoing to make use of my photograph, name and likeness and my performance in a video presentation, and in all other media and formats, including, but not limited to, print media, for educational, non-profit promotional and other purposes without further compensation to me.

I AGREE that the Shedd Aquarium is the sole owner of all rights in the negatives, photographs, videotape recordings, prints, and all other items bearing my photograph, name, likeness or performance, including full domestic and foreign copyrights therein, and shall have the exclusive right to make such use of the program as it wishes, including, but not limited to, the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display, reproduce and distribute derivative works thereof.

I HEREBY release, discharge and agree to save harmless the Shedd Aquarium, its affiliates, employees, sponsors, agents and the officers, directors, employees, licensees, successors, and assigns of the foregoing, from any liability or claimed liability in connection with the aforementioned use of my photograph, name, likeness or performance.

THIS CONSENT AND RELEASE is intended to be of perpetual duration.

I ACKNOWLEDGE that I have read this Consent and Release prior to signing it and that I understand its contents.

PRINT STUDENT NAME

STUDENT SIGNATURE

DATE

GUARDIAN'S CONSENT

I am the parent or legal guardian of the above-named minor and hereby approve the foregoing and consent to the use of the photograph, name, likeness and performance of the above-named minor subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

PARENT/GUARDIAN SIGNATURE

DATE