

Registration Form

Thanks for your interest in the Reef to Rainforest SEASFiRE@Summer program in July 2019, taking place in Sabah, Malaysia. If you have any questions please contact James Schneider at jschneider@inverhills.edu or 651-450-3781.

By registering for the program, you agree that:

- You have or will have a passport with at least six months remaining and a valid visa to travel to Malaysia (if required). A US passport will not require a visa.
- You have no medical conditions incompatible with scuba diving, and/or that you have been or will be certified by a medical professional as physically fit to scuba dive (see PADI Medical Statement for more details of conditions)
- You will review, complete and sign the
 - SEASFiRE Consent and Release Form
 - PADI Non-Agency Disclosure and Liability Release
 - PADI Medical Statement (with physician sign-off as required)
 - PADI Standard Safe Practices of Diving Statement of Understanding
 - The attached Health Form and Emergency Contacts Form.
- You will pay \$400 non-refundable deposit to SEASFiRE by 31 January 2019 to reserve your place on the program.
- If ten or more people register for the program and pay the required deposit by 31 January 2019, you will pay the remaining balance of \$2,100 to SEASFiRE Ltd by 30 April 2019. Failure to do so will be taken as you cancelling your participation in the program.
- You will read and produce written answers to the questions (where relevant) in each of the student handbooks in advance of the expedition.
- You will participate in the diving and group activities during the expedition.

**Please note we will use email for official communications and to send PADI and SEASFiRE forms please check your junk/spam folder if you do not receive our messages to your inbox.

The not-so-small print

The program costs \$2,500 per person. Details of what is included can be found on the SEASFiRE website, www.seasfire.org and in the program brochure. All SEASFiRE expeditions are subject to our terms and conditions, which can be found at <http://www.seasfire.org/terms-conditions/>.

In order for the program to proceed, at least ten people must register for the program by 31 January 2019, and pay a \$400 deposit to SEASFiRE. Deposit payment can be made by personal check or bank check.

If ten people do **not** register and pay deposits by 31 January 2019, then any deposits received before that date will be returned in full within five working days of receiving your bank account information for transfer. Deposits will not be refunded under any other circumstances.

Full payment of the remaining \$2,100 must be made by 30 April 2019. We will be happy to work out payment plans with you if you need to pay by instalments. Failure to pay the full amount by this date will be taken as notification of cancellation. If you cancel your participation, you will be subject to the following cancellation fees:

Period Before Departure When Notice Of Cancellation Is Received	Percentage Of Total Booking Price Payable
70 days or more	16% (non-refundable deposit)
69 – 63 days	30%
62 – 49 days	50%
48 – 29 days	70%
28 – 15 days	90%
14 – 0 days	100%

SEASFiRE will refund any amount over and above the cancellation fee that you have paid within five working days of receiving your cancellation notice and your bank details or Paypal details. SEASFiRE will not be responsible for any fees payable to your bank or Paypal for processing such a refund.

The SEASFiRE program includes the following modules:

- What's the Problem?
- Marine Life Identification
- Introduction to Blogging
- Coral Reef Biodiversity
- The Jungles of Borneo
- The Secret Life of Corals
- Marine Debris

You will be sent the student handbooks for these modules by 5 February 2019, once the trip is confirmed.

Please complete the form below and sign to confirm your understanding of the above. To register, return a signed copy to James Schneider with your \$400 deposit check payable to Seasfire MN Booster Program.

Full Name	
Address line 1	
Address line 2	
City, State, Zip Code	
Phone/text	
Email	
Signature:	Date:

Reef to Rainforest Health Form

Personal Information

Name _____ Age _____ Birth Date _____
Street
Address _____

City _____ State _____ Zip _____

Print Email _____ Phone # _____ Cell Phone # _____

Healthcare Contacts

Name of Doctor or Clinic _____ Phone: _____

Health Insurance Company

Health Insurance Policy # _____ Group # _____

Other # _____

Medical History

<input type="checkbox"/> Asthma	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Cohn's disease
<input type="checkbox"/> Back problems	<input type="checkbox"/> Chronic Diarrhea	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Knee/joint problems	<input type="checkbox"/> Intestinal/stomach problems	<input type="checkbox"/> Seizures
<input type="checkbox"/> Raynaud's Syndrome	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Abnormal blood pressure	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Drug abuse problems	<input type="checkbox"/> Diabetes, controlled by: injection <input type="checkbox"/> pill <input type="checkbox"/> or diet <input type="checkbox"/>	
<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Hearing Aid	
<input type="checkbox"/> Corrective braces or devices, please describe _____		

If you checked any of the above, have you been treated or are you still under treatment?
Please explain:

Medical History

Allergies: Please list all major and minor allergies

Please describe your typical reaction to the above indications and how you treat it.

Note: If you require medications (prescription or over-the-counter) you are responsible for bringing your own. Make sure to bring extra doses to account for unforeseen flight/travel delays. We recommend that you do not check medications with luggage. Keep it with you on our way to and from Malaysia.

Will you be taking any medications during the course of this trip? _____

We expect that you will be taking all prescribed medications during this trip.

If yes, Please list the medications and the purpose.

Are there any other potential problems we should know about to keep you safe and help you enjoy the trip? For example, any fears or phobias?

I understand the above and my responses are accurate to the best of my knowledge.

Signature _____ Date _____

Reef to Rainforest Photo Release

I give permission to Inver Hills Community College to use photos of myself as it relates to the Reef to Rainforest Learning Experience. I understand that the photos may be used in support of Inver Hills Community College within the guidelines of its mission visions and goals.

Signature: _____ **Date:** _____

Reef to Rainforest Emergency Contacts

In case of emergency, you have my permission to call my emergency contacts.

Signature: _____ **Date:** _____

Primary Contact:

Name: _____

Relationship: _____

Phone number(s): _____

Email address: _____

Secondary Contact:

Name: _____

Relationship: _____

Phone number(s): _____

Email address: _____