



Space is limited! Please fax this back to Colby Mitchell at 312-663-1472 or email to CMitchell@sheddaquarium.org

Club Shedd Registration Form

Thank you for your interest in Club Shedd! To get your registration started, please fill-out the following form and send it back to Colby Mitchell at CMitchell@Sheddaquarium.org or via fax (312) 663-1472. Complete one form for each Club Shedd participant. All participants must be in grades 9-12 and at least 14 years old.

- Interested in:**
- Fall 2009 Semester (\$149)** (Nov. 4th, Dec. 16th, Jan. 13th: 6-8pm at Shedd)
(Nov. 14th -15th : Field Experience at Indian Dunes)
 - Spring 2010 Semester (\$149)** (Feb. 18th, Apr. 15th, May. 13th: 6-8 pm at Shedd)
(Mar. 6th -7th: Field Experience at Indiana Dunes)
 - Both Semesters (\$298)**

BIOGRAPHICAL INFORMATION of STUDENT:

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.

3. Club Shedd has a **\$149** registration fee (**\$298** for both semesters). If you would like to apply for a need-based scholarship, please submit the scholarship application form available on the website along with this registration form.

Payment information (if not applying for scholarship)

Type of Credit Card	Name on card:
<input type="checkbox"/> Mastercard	First Last
<input type="checkbox"/> Discover	
<input type="checkbox"/> Visa	

Card #:	Expiration Date:
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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 students 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 _____

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—Colby Mitchell
 1200 S. Lake Shore Drive
 Chicago, IL 60640
Or fax to (312) 663-1472

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____



Please Mail to:
 John G. Shedd Aquarium
 Education Department—Colby Mitchell
 1200 S. Lake Shore Drive
 Chicago, IL 60640
Or fax to (312) 663-1472

Medical History

Student Name _____

Address _____ City/State/Zip _____

Medications: _____

Allergies: _____

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 weather conditions | Yes _____ | No _____ |
| 3. Labor associated with outdoor aquatic science and stewardship projects | Yes _____ | No _____ |

Restrictions: _____

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



Please Mail to:
John G. Shedd Aquarium
Education Department—Colby Mitchell
1200 S. Lake Shore Drive
Chicago, IL 60640
Or fax to (312) 663-1472

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