DEVELOPING YOUNG LEADERS THROUGH MARINE SCIENCE

The National Association of Black Scuba Divers
Presents the 14th Youth Educational Summit
Roatan, Honduras
June 24, 2017 — July 1, 2017

"Sea Roatan Experience II"

SUMMIT REGISTRATION FORM

NOTE: Please complete one registration form for each Summit Participant. Please Print orType

PARTICIPANT INFORMATION

Name _____

Date of Birth_____Age_____Grade_____Sex _____

T-Shirt Size Child Size_____Adult Size _____

Mailing Address _____

City, State, Zip _____

Email Address _____

Home Phone_____Other Phone/Fax _____

Talents, Hobbies and Special Skills (please list)_____

MEDICAL/SPECIAL NEEDS

List any medical conditions or special needs (handicapping conditions, dietary restraints, etc.) you may have: _____

Do these conditions require medication (s)?_____Y_____N

Please list all medication(s) taken: _____

Medical Insurance Carrier_____Policy # _____

Physician's Name_____Physician's Phone Number _____

ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD (front and back)

EMERGENCY CONTACT INFORMATION

NAME_____Relationship _____

Address _____

E-Mail_____

Home Phone Number_____Mobile Phone _____

Name Alternate Contact_____Relationship _____

Phone Number_____E-mail_____

REFERRAL INFORMATION

Name of NABS Club, Affiliate, Charter, Member or Sponsoring Organization

Contact Person _____

Phone Number_____Email Address _____

DIVER/AQUATIC INFORMATION

Dive Certification Agency_____C-Card Number _____

Certification Level_____OW_____AOW_____Other (please list) _____

Dive Insurance Carrier (required to dive) _____

Policy/Member Number_____Expiration Date _____

Date of Last Dive _____

*****ATTACH A COPY OF YOUR C-CARD AND EVIDENCE OF DIVE INSURANCE*****

IMPORTANT NOTE

Current dive accident insurance IS required for participation in ALL NABS/YES organized dives.

BRING YOUR LOG BOOK TO THE SUMMIT!!!!

If you are not a diver can you swim 100 yards?____Y____N

Can you tread water for 5 minutes?____Y____N

Do you have any advanced or other aquatic certifications?____Master Swimmer____LG____WSI____LGI ___Other (please list) _____

TERMS AND CONDITIONS

IMPORTANT NOTE: If you are a responsible swimmer, diver and/or traveler we look forward to the pleasure of your participation at the 2017 NABS/YES. However, if you are not willing to abide by all terms and conditions of participation, or if you are unwilling to personally accept responsibility for your own behavior and actions, personal liability and well-being, please DO NOT participate in the 2017 NABS/YES and/or make use of the services of NABS/YES and dive operations. Your signature below, deposit or final payment constitutes a clear and binding acceptance of the terms and conditions of participation at the 2017 NABS/YES.

Participant Signature_____Date _____

Printed Name _____

If under 18 Parent/Guardian Signature _____

Parent/Guardian Printed Name_____Date _____

DOCUMENTATION REQUIREMENTS

All participants must complete a NABS/YES registration form, submit a copy of their medical Insurance card, most recent school report card, and acknowledge acceptance of the attached Waiver and Release of Liability. Participants unwilling to complete the Waiver and Release of Liability will not be permitted to participate at the 2017 NABS/YES.

SCUBA DIVERS must have a valid Divers Certification Card and submit a copy along with evidence of dive insurance. Only certified divers with dive insurance can participate in SCUBA diving activities at the 2017 NABS/YES. SCUBA Divers must accept responsibility for themselves, their actions and their equipment. SCUBA Divers must bring their log book and are expected to supply or rent their own gear. The only equipment supplied with dive packages are tanks, weights and a weight belt. Please note that it is common for dive operators to also require completion of a waiver of liability before diving services will be provided.

PAYMENT TERMS

2017 NABS/YES FEE * NON-DIVER $785.00 * DIVER $825.00

A NON-REFUNDABLE registration fee of $200. 00 must accompany registration
Balance of the 2017 NABS/YES fees are due on or before APRIL 17, 2017

For refund of any fees paid, less the NON-REFUNDABLE registration fee, cancellation must be received in writing on or before APRIL 30, 2017

Return fully completed and signed 6-page Summit Registration Form and all required documentation with registration fee payable to NABS/YES. Send completed registrations forms via email or US Postal Mail as follows:

NABS/YES
c/o Monica D. Edwards, Esq.
P.O. Box 331548
Nashville, TN 37203
edwardsesq@aol.com

OTHER Payment OPTION: PayPal Payments
Nondivers $825.00
Divers: $875.00
PayPal Account: Youthcomm@nabsdivers.org

WAIVER AND RELEASE OF LIABILITY

Participant acknowledges and agrees that NABS is not responsible or liable for injuries incurred during or related to participation in the 2017 NABS Youth Educational Summit or any such personal property of Participant. Participant also acknowledge that Participant is participating in the 2017 NABS Youth Educational Summit with full knowledge of the potential dangers of scuba diving and diving related activities. Participant agrees to assume all risks of bodily injury, death or property damage arising out of or in connection with participation in the 2017 NABS Youth Educational Summit. Participant accepts and agrees to abide by the Terms and Conditions of this agreement and to indemnify and hold harmless, NABS, NABS officers, directors, sponsoring agencies and the NABS/YES staff from any liability arising out of or in connection with Participants participation in the 2017 NABS Youth Educational Summit. Participant further agrees that this waiver and release is intended to be as broad and inclusive as permitted under application law and shall be binding on any heirs or successors in interest. Participant acknowledge that Participant has carefully read this agreement and fully understands its contents.

Participant Signature:_____Date _____

Printed Name: _____

If under 18 Parent/Guardian Signature:_____Date _____

Parent/Guardian Printed Name: _____

MEDIA RELEASE

From time to time NABS/YES activities may be photographed, videotaped, filmed and/or recorded. This is done to satisfy many needs from cataloging activities to promotional pieces for media and/or fund raising. If for any reason, you do not wish your image, or the image of your child to appear in the NABS/YES publications or media productions please indicate. You MUST indicate your preference from the statement below. Any Image or likeness used is the sole property of NABS/YES.

ACCEPT:

I/We_____grant consent to NABS/YES to use any image or

likeness of_____, for the purposes stated above.

DECLINE:

I/We_____deny consent to NABS/YES to use any image or

likeness of_____, for the purposes stated above.

SIGNED:_____Date _____

If under 18 must be signed by Parent/Guardian

CODE OF CONDUCT

1. Participants shall be respectful to staff, guests and other Summit participants **AT ALL TIMES**.
2. Participants shall respect the property of other NABS/YES participants, all activity sponsors, housing, and the staff members of the resort and all involved agencies.
3. Participants shall conduct themselves in a manner that facilitates group interaction and cooperation.
4. Participants' attire is casual and should be appropriate for summer. Pants should be worn on the waist (with a belt, if oversized); no shorts higher that mid-thigh; no midriff/ halter tops; no suggestive, provocative or offensive attire should be worn.
5. Language, jokes or conversions should be tasteful. They should not contain profanity, mock others or be offensive to one's religion, ethnicity or gender.
6. Cell phones, I-Pods or other electronics are not allowed during NABS/YES program activities, presentations unless approved by an adult coordinator.
7. Participants are to remain with the NABS/YES group **AT ALL TIMES.**
8. If you have authorized permission, from your adult chaperon, to leave your group, the **BUDDY SYSTEM MUST** be used **AT ALL TIMES.**
9. Participants are responsible for all items brought to Summit. Do not bring items of great expense that can be lost or stolen.
10. Participants shall obey all rules and requests by the NABS/YES staff.
11. NO CO-ED room visiting is allowed. NO room visiting is allowed after LIGHTS OUT.
12. NABS/YES ID tags MUST be worn at all times or attached to back sacks during all activities.
13. Participants are expected to act in a safe and responsible manner throughout the Summit.
14. If you don't know what to do, ASK!!! DO NOT ASSUME ANYTHING!

I have read the NABS/YES Code of Conduct and agree to uphold and abide by the rules set forth. In the event I am found in violation of said rules I will be subject to EXPULSION without refund. As the parent/guardian of the NABS/YES participant I acknowledge and agree that it will be my sole responsibility to arrange for my child's transportation from the Summit in the event my child is expelled.

_____ _____

Parent/Guardian Signature Date

_____ _____

NABS/YES Participant Signature Date

For Additional Information Contact:

Jimmie Mack (972) 978-0358 gemack8@gmail.com

Monica Edwards (615) 329-0370 edwardsesq@aol.com

National Association of Black Scuba Divers
2017 Student Membership Application

Please complete each section and print all information

Section 1: Contact Information

☐New Member
☐Renewal/NABS#_____

First Name:_____Last Name: _____

Address:_____Apt #: _____

City:_____State:_____Zip:_____

Home Phone:_____Email:_____

Correspondence Preference: ☐ Email ☐ USPS Mailing

NOTE: If you do not indicate your preference Email is the default

Section II: Dive Information (☐ Non-Diver)

Current Certification Level	Certifying Agency:	C-Card Number:
⎦ OW ☐AOW	⎦ PADI ☐ NAUI ☐ SSI ☐ YMCA	NABS #
⎦ MSD ☐DM ☐INSTR	⎦ PDIC ☐ Other	

Number of Dives Logged:	Dive Insurance Carrier:
☐ 0 ☐ 1-50 ☐ 51-99 ☐ 100+	⎦ DAN ☐Other _____

All NABS/YES divers must have current dive insurance (DAN)

Expiration Date: Mo_____Day_____Year_____

Club Name: **NABS/YES** **Student Membership: $20.00** (included in NABS/YES Registration fee)

I,_____, will support and promote the objectives of the National Association of Black Divers.

Signature:_____Date:_____/_____/ _____