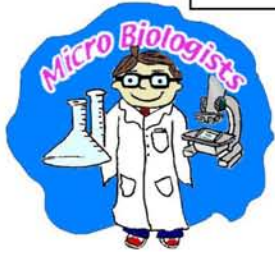


MICRO



BIOLOGISTS

Winter 2011

Children 3-5 years of age are invited to participate in our educational programs which include aquarium exploration, stories, games, age appropriate lessons, arts and crafts, and of course a break for snack! Micro Biologists is a two-hour drop off program perfect for the mini marine biologist in your life.

Enroll online on at www.healthebay.org

CLASS DATES AND TOPICS

All classes are Mondays, at 9:30-11:30a.m. & 2:00-4:00p.m. time slots.

01/10 - The Deep Sea

01/24 - Ocean Explorers

02/14 - Whale You Be My Valentine?

02/28 - Sounds of the Sea

**Heal the Bay Members
\$20 per class**

**Non-Members
\$25 per class**



REGISTRATION FOR WINTER CLASSES BEGINS DECEMBER 13, 2011

Child's Name: _____ Child's Nickname: _____

2nd Child's Name: _____ 2nd Child's Nickname: _____

Date of Birth (must be between 3-5) : _____ 2nd Child's Date of Birth : _____

Parent's/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Daytime): _____ Phone (Evening): _____

Please pick which class(es) you would like your child to attend

JANUARY

01/10/11 ☐ 9:30-11:30 ☐ 2:00-4:00

01/24/11 ☐ 9:30-11:30 ☐ 2:00-4:00

FEBRUARY

02/14/11 ☐ 9:30-11:30 ☐ 2:00-4:00

02/28/11 ☐ 9:30-11:30 ☐ 2:00-4:00

Please note that a non-refundable, advance payment is required to reserve a spot in the class.

Payment will not be processed until class dates are confirmed

Heal the Bay Member: Yes ☐ (\$20.00 per class) No ☐ (\$25.00 per class)

Amount Due: _____ **Payment type:** ☐ check* ☐ cash (please do not send cash by mail)

☐ Visa or ☐ Master card # _____ exp. _____

**Please make checks payable to "Santa Monica Pier Aquarium."*

Email address: _____

Would you like to be added to our upcoming classes email notification list? Yes ☐ No ☐

HOW TO REGISTER:

Class registration for 2011 classes begins 12/13/10. Enrollment is first come first served basis.

By Fax - 310-393-4839

By Mail – Mail completed form and payment to:

Santa Monica Pier Aquarium

Attn: Micro Biologists

1600 Ocean Front Walk

Santa Monica, CA 90401



For more information: 310-393-6149 x 102

Child Care Information and Instructions

Date:

Child's Name:
Child's Nickname:
Date of Birth:

Mother's/ Guardian's Names:
Father's/ or 2 nd Guardian's Name:
Parent's Address: Street:
City: Zip:
Home Phone: ()
Work Phone: ()
Cell Phone: ()
Best number to call in case of emergency: Home Work Cell Other: _____

Second Contact Name:
Relationship:
Phone #: ()

Medical/ Health Insurance Care Information

Child's Doctor Name:
Address:
Phone #:
Health Insurance Company:
Group # Policy #:
Phone #: ()

Medications:
Allergies:
Immunizations:
Special Conditions/ Instructions

PARENTAL PERMISSION AND MEDICAL CONSENT FORM and LIABILITY RELEASE

Consent and authorization of medical and/or dental treatment

I hereby give my consent for [name of child] _____ (hereinafter referred to as "Child") to participate in the Micro Biologists Classes at the Santa Monica Pier Aquarium.

I further authorize any of the employees or representatives of the Santa Monica Pier Aquarium or Heal the Bay to provide for, approve, and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person(s) whose services may be needed for such health care, or review as in his or her sole judgment may be necessary. I further authorize disclosure of the content of any medical or dental records and hereby execute my consent as required by medical, dental or health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include, but not be limited to, the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency the staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Liability Release

As parent or legal guardian of the Child, I know of no physical limitation which should keep Child from undertaking the activities associated with the class(es). I understand and agree that neither Heal the Bay, the Santa Monica Pier Aquarium, nor any of their respective employees, officers, agents or assigns, (hereinafter collectively referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to the Child that may occur as a result of Child's participation in the classes, or as a result of product liability or the negligence of any party, including Released Parties, whether passive or active. In consideration for being allowed to have Child participate in this program, I do hereby exempt and release all "Released Parties," as defined above, from all liability or responsibility whatsoever for any claim or lawsuit associated with Child's participation in the class(es), including claims or lawsuits for personal injury, property damage or wrongful death, however caused, including negligence of the released parties, whether passive or active.

This Consent Form may be revoked at any time before the expiration date with written notice to the Santa Monica Pier Aquarium.

I HAVE READ AND UNDERSTAND THE ABOVE. I HEREBY GIVE MY CONSENT.

Name of Child (PLEASE PRINT): _____

Name of Parent or Guardian (PLEASE PRINT): _____

Signature of Parent or Guardian: _____ Date: _____