



**Ceiba Foundation for Tropical Conservation
Education Program
Enrollment Form**

Send form to:
Ceiba Education Program
2319 North Cleveland
Chicago, IL 60614
Fax: (773) 871-3798
courses@ceiba.org

Please complete the following information and return to Ceiba.

Contact Information

Name: _____ Passport #: _____
(if unavailable, please notify us when your passport arrives)

Current mailing address: _____

_____ Phone: _____

Are you taking this course for credit? _____ Institution: _____

Diet and Health Information

Please check all items that you WILL eat: chicken beef pork fish eggs dairy

Specify any other dietary restrictions: _____

Please list any allergies you have: _____

Can you swim? YES NO Are you CPR certified? YES NO

Please describe any conditions, medical or otherwise, that course staff should know about in the event of an accident or medical emergency:

List any prescription drugs you take: _____

Emergency Contact

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Country _____ Day phone _____ Night phone _____

Email _____

Physician

Name _____ Phone (____) _____

Medical Insurance Provider

Course participants are required to have a valid insurance policy that provides coverage while engaging in a field education program in a foreign country. Please provide policy information below:

Name of Insurer _____ Policy No. _____

Address _____

Phone (____) _____ Valid through (date) _____

I certify that information provided on this form is true and correct. I understand that I am responsible for any costs associated with medical insurance, assistance or evacuation during the period that I will be a participant in a Ceiba field course.

Signature: _____

Date: _____