



**CEU CLASS APPLICATION**

**Educator Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**School Information**

School: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Teaching Background

What grade(s) do you teach? \_\_\_\_\_

What classes/subjects do you teach? \_\_\_\_\_

What other CEU classes have you attended in the past?  
\_\_\_\_\_

Please explain why you chose our class:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Medical/Health/Experience

Please explain, in detail, any or all medical, health, and dietary restrictions (e.g. vegetarian, vegan, lactose intolerant), including allergies, disabilities, and current medications. Certain restrictions may apply if medical conditions interfere with applicant's ability to participate in the program. Please be as specific as possible:

Please note the following:

1. These programs involve a large range of intense physical activities, including, but not limited to, swimming, snorkeling, and kayaking/canoeing.
2. The air temperature in Key Largo can reach upwards of 95°F (35°C) during the summer months. The majority of activities (excluding most lectures) are conducted outside.
3. Educators with obvious signs of illness (e.g. respiratory infections, open sores, fever) or pregnant will not be permitted to participate in the dolphin swim program.

Please rate swimming experience (circle one):

Fair Good Excellent

Comments:

Please rate snorkeling experience (circle one):

Fair Good Excellent

Comments:

Please rate kayaking experience (circle one):

Fair Good Excellent

Comments:

Please rate marine mammal knowledge (circle one):

Fair   Good   Excellent

Comments:

How did you hear about our program?

Miami Dade College

friend/relative

lecture/presentation

brochure

TV/radio

article

internet

other (explain): \_\_\_\_\_

Describe your interest in marine mammals:

Describe prior experience or exposure to marine mammals:

Describe your participation/involvement in other environmental organizations or groups:

Would you like the opportunity to meet other educators before arriving?

(Checking the "yes" box indicates that you are willing to have your contact information distributed to other applicants prior to the class start date.)

yes    no

I hereby certify that I have read all of the information above and that all personal information is correct and up to date.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CEU Class Cancellation Policy**

Upon acceptance to one of our classes, you are required to submit a 50% deposit to confirm your spot in the requested class. The remaining balance for the class is due 30 days prior to the class start date. If payments are not made in full at this time, your deposit will NOT be refunded and your application will be terminated. All cancellations must be made in writing (e-mail is acceptable, upon confirmed receipt of message). If a confirmed reservation is canceled no less than 60 days prior to the class starting date, a full refund will be given (deposit and tuition, where applicable). If a reservation is canceled less than 60 days, but more than 30 days prior to the class starting date, program fees (if applicable) and 50% of the deposit will be refunded. No refunds will be given for cancellations made less than 30 days prior to the class start date. If you must cancel during this time, all deposit and program fees will be withheld. No exceptions!

In the event that the class minimum requirement of 4 educators is not met by 30 days prior to the program start date, the class will be canceled. All registered educators will be contacted immediately, and a full refund will be issued.

In the event of impending foul weather resulting in mandatory hotel evacuations, the course will be cancelled and participants will be given either a full refund or credit for the next available course.

I have read and agree to all terms outlined above regarding the Dolphins Plus class cancellation policy. I understand that I will NOT be refunded for a cancellation made less than 30 days prior to the class start date. I also understand that if I am not able to complete payment of tuition in FULL by 30 days prior to class start date, Dolphins Plus will not refund my 50% deposit, and my application will be terminated.

\_\_\_\_\_  
Educator Signature

\_\_\_\_\_  
Date

## ADDITIONAL PROGRAM OPTIONS

### *NATURAL SWIM*

All Educators participating in the Dolphins Plus and Island Dolphin Care CEU Program have the opportunity to sign up for a Natural Swim Session with our Atlantic Bottlenose Dolphins.

***(There is an additional \$100 cost to be paid directly to Dolphins Plus. Please see Program Fees form below.)*** Following a lecture on Dolphin Body Language (lecture will be presented to all class participants), swimmers will enter the water with mask, fins and snorkel to participate in an open swim with the dolphins. Swimmers must be comfortable in water 10 to 15 feet deep without using a flotation device. The dolphins are acclimated to swimming with humans, but we do not use any signals, commands, or food rewards to have them perform trained behaviors in the natural swim. In this program, the dolphins set the pace. The in-water time will be at least 30 minutes, and our goal is to maintain a truly natural encounter. The interaction in this swim is not based on physical contact, but rather on the dolphins natural behavior. Customers are asked not to reach out to the dolphins during the swim but are encouraged to simulate dolphin body language by swimming alongside them and diving underwater with them. Swimmers can enjoy the unique experience of being a member of a dolphin pod, while observing their natural grace, beauty, fluidity, and curiosity. This is the only facility in the country that offers this exceptional, truly unique dolphin swim experience.

### *BANQUET*

Join the Dolphins Plus and Island Dolphin Care Education Team, as well as the Curator of the facility and members of the veterinarian and animal care staff, at a banquet to conclude your educational experience. The banquet will be hosted at a local Key Largo restaurant and provides a wonderful opportunity for additional questions, discussion, and networking.

**Program Fees:**

CEU Class = \$280 \$280 \_\_\_\_\_  
(includes a continental breakfast and lunch)  
Natural swim/snorkel with our dolphins (optional) = \$100 \_\_\_\_\_  
Banquet (evening of last class day) = \$35 (optional) = \$35 \_\_\_\_\_  
**TOTAL =** \_\_\_\_\_

\* Please note: Class fees do not include lodging or transportation.

My payment of \$\_\_\_\_\_ is enclosed as:  
 personal check     money order     cashier's check     credit card

If paying by credit card, please complete the following:  
Type of credit card (circle one):

Mastercard    Visa    American Express    Discover

Name on card: \_\_\_\_\_  
Credit card number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
CCV # (3 digit code, typically located on back of card): \_\_\_\_\_

I \_\_\_\_\_ authorize the amount of \$\_\_\_\_\_ to be charged to my credit card by Dolphins Plus, Inc.

\_\_\_\_\_  
Cardholder's Signature

**Billing Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

**Please mail this form with payment to:**

Dolphins Plus  
Education Department  
31 Corinne Place  
Key Largo, FL 33037