Florida State University Coastal and Marine Laboratory Shipboard Scientific Personnel Form RV Apalachee

Cruise #	Chief Scientist	PI		
Full Name:			Sex: M	F
			Date of Birth	
Phone:	Cell Bus	s. E-Mail:		
Business Address	::	City:	ST:	Zip:
Person to Notify	In Case Of Emergency:		Relationship:	:
Their Address:		City:	ST:	Zip:
Their Phone:	Cell	Work	Home	
Food Allergies/ D Past or present m	ietary Restrictions: nedical history and health pr	oe):oblems:oblems: m unable to provide for my ow		
possess or consulvessel is in port of this policy is subtracted by the policy: Floricontrolled substapart of the ship in contraband. If illessesses	me alcohol aboard an FSUCN or at sea. The vessel's Captaine, upon reasonable suspicionabject to immediate removal da State University Coastal ance is forbidden and will no including personal effects at a legal drugs are found on the	n or information, for alcoholic I from the vessel and further ac and Marine Laboratory is a Zero	ort for duty under the information of the control o	luence of alcohol whether the art of the ship including personal aband. Any person in violation enalties. The possession or use of any dand empowered to search any illegal drugs or other ened over to the proper
you may be subje Acknowledgment of own judgment, beli	ect to in the event of a "Seric of Understanding: I further cert ief and knowledge of the circun	ous Marine incident". tify I am of lawful age, that I fully unstances involved in my use of the	nderstand and acknowledg FSUCML facilities, and/or p	e I am solely relying wholly on my articipation in the essential
choice.				arily sign it of my own free will and
If Participant is und	ler age 18, Printed Name of Par	ent/Legal Guardian:		
If Particinant is und	ler age 18 Parent/Legal Guardi	an Signature		