



**Bourne Community Boating, Inc.**  
2012 SUMMER PROGRAM APPLICATION

**Youth Classes**

*Completed applications are accepted in order of their receipt. Classes will be filled on a first come first served basis.*

**Application Checklist**

Date received by BCB: \_\_\_\_\_ (BCB use only)

- Completed **Application**
- Emergency **Medical Form**
- Copies of student's latest immunization and physical examination report
- Signed **Medical Waiver and Medical Release and Indemnity Agreement**
- Signed General Release and Indemnity Agreement
- Signed Sailing Safety Policy and Statement of Understanding
- Tuition** payment

Bourne Community Boating, Inc., reserves the right to photograph and videotape program participants for publicity purposes. If you do **not** want photos or video of yourself or your child included in any media coverage, please check. \_\_\_\_

Mail the completed application to: Bourne Community Boating, Inc.  
PO Box 3157  
Bourne, MA 02532

**Student Information**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street city state zip

Age: \_\_\_\_ Birthday: \_\_\_\_\_ Grade in Sept. 2012: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian: \_\_\_\_\_

Address: (if different from student) \_\_\_\_\_  
Street city state zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_

Address: (if different from student) \_\_\_\_\_  
Street city state zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BCB has scholarship funds available for students for which tuition would be a verifiable burden. Please see our web site for scholarship information and application.** For additional information on any of the following classes, see our web site: [www.bournecommunityboating.org](http://www.bournecommunityboating.org)

**Class:** Select **ONE** option (Tuition includes membership)

Beginner: Mon-Fri 8:30-12 AM; \$350 Bourne Resident  
\$550 Non-Resident

Intermediate: Mon. - Fri. PM 1-4:30 PM; \$550

Adventures in Sailing: Mon - Fri 1-4:30 PM; \$425

Sailpalooza: Mon. - Fri. 1-4:30 PM; \$300

**Session:** Select **ONE** option

A. June 25-July 20  B July 23-August 17

A. June 25-July 20  B July 23-August 17

A. June 25-July 13  B July 30-August 17

A. July 16-July 27

**Session Options:** Select only one option  Can only do session selected

Can do Either Session

Can do Either Session, A preferred

Can do Either Session, B preferred

**IT IS IMPORTANT FOR STUDENTS AND PARENTS/GUARDIANS TO UNDERSTAND THAT A STUDENT CARRIES AN OBLIGATION TO ATTEND ALL CLASSES (UNLESS ILLNESS OR OTHER EXCUSABLE EVENT OCCURS), AS THERE WILL BE OTHERS WHO WOULD LIKE TO ATTEND, BUT WHO HAVE NOT BEEN CHOSEN.**

Membership Fee for 2012 is included in the first student's Tuition. Any additional family members who enroll will receive a discount of \$50.

Tuition: \_\_\_\_\_

Discount: \_\_\_\_\_ (Only applies to families with more than one child enrolled)

Donation: \_\_\_\_\_ (Donations are tax-deductible to the full extent of the law)

Total enclosed: \_\_\_\_\_

Please enclose payment payable to **Bourne Community Boating, Inc.**

Note: All students will be required on the first day of the program to complete a basic swim check (2 minute tread water without life jacket, 50 yard swim with life jacket). See *Sailing Safety Policy and Statement of Understanding*.

Sailing Experience: \_\_\_\_\_

Swimming Experience: \_\_\_\_\_

How did you hear about BCB? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Can you volunteer:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Field Trip Driver  | <input type="checkbox"/> On site Assistant  | <input type="checkbox"/> Event Coordination<br>(cookouts, meetings, fund raising) |
| <input type="checkbox"/> Set-Up and Breakdown of Events   | <input type="checkbox"/> Decoration   | <input type="checkbox"/> Merchandising BCB Materials                              |
| <input type="checkbox"/> Publicity & Public Relations<br>(BCB Publications, press releases, etc.) | <input type="checkbox"/> Photography  | <input type="checkbox"/> Videography  |
| <input type="checkbox"/> Program Assistance Ashore  | <input type="checkbox"/> Program Assistance On-the-Water                              | <input type="checkbox"/> Safety Boat Operation (power)                            |
| <input type="checkbox"/> Boating for the physically challenged<br>(Assistance)                    | <input type="checkbox"/> Yard Support<br>(boat maintenance, building & grounds, etc.) | <input type="checkbox"/> Future Program: Boat Building                            |
| <input type="checkbox"/> Hurricane Preparation Team   | <input type="checkbox"/> Advisory Committee   | <input type="checkbox"/> Events   |
| <input type="checkbox"/> Other: _____   |   |   |

Volunteer name: \_\_\_\_\_ Tel. no. \_\_\_\_\_

Email: \_\_\_\_\_

**Bourne Community Boating, Inc.  
Emergency Medical Form**

Student's Name \_\_\_\_\_ Sex (M or F) \_\_\_\_\_

Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Emergency Contacts** (other than parents listed on the application form)

1. \_\_\_\_\_  
NAME RELATIONSHIP DAY PHONE circle: home / cell / work
2. \_\_\_\_\_  
NAME RELATIONSHIP DAY PHONE circle: home / cell / work
3. \_\_\_\_\_  
NAME RELATIONSHIP DAY PHONE circle: home / cell / work

Special conditions (Specify injuries, handicaps, weaknesses, eyeglasses, contacts, hearing aid, anxieties, fears, hyperactivity, learning disabilities and other health conditions which will be disclosed in the event of medical treatment only to health care providers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any of the following that apply and provide necessary details on the reverse side of this sheet.

**Chronic ailments:**

- \_\_\_\_\_ Asthma or other respiratory problems
- \_\_\_\_\_ Circulatory or heart problems
- \_\_\_\_\_ Diabetes or hypoglycemia
- \_\_\_\_\_ Hemophilia or other bleeding problems
- \_\_\_\_\_ Epilepsy

**Allergies:**

- \_\_\_\_\_ Bee stings or other insect bites
- \_\_\_\_\_ Foods including types: \_\_\_\_\_
- \_\_\_\_\_ Other - if significant (check and describe on back of form or attachment)

Date of last Tetanus shot: \_\_\_\_\_

Current medication(s) if any: \_\_\_\_\_

Preferred personal or family physician: Name: \_\_\_\_\_

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

Health Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

**Parent/Guardian Name:** (print) \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**MEDICAL WAIVER**

I, the undersigned parent/guardian, authorize the Bourne Community Boating, Inc., the officers, directors, and employees to sanction emergency medical treatment for the above named student if the parent/guardian listed below cannot be contacted at the time of an emergency.

\_\_\_\_\_  
Signature of Parent/Guardian      Parent/Guardian Print Name      Date

**MEDICAL RELEASE AND INDEMNITY AGREEMENT**

Further, I hereby release the Bourne Community Boating, Inc., its officers, directors, employees, agents and volunteers from any and all claims, demands, actions or causes of action which I, my heirs, personal representatives or assigns have or may have arising out of obtaining or attempting to obtain each service, care and/or treatment. Further, I hereby promise and agree and covenant to totally and completely defend, indemnify, and hold harmless the above described entity and persons from any and all claims, demands, actions or causes of action by any person arising out of obtaining or attempting to obtain each such service, care and/or treatment, including but not limited to, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution and/or indemnification.

\_\_\_\_\_  
Parent/Guardian Signature      Parent/Guardian's Name (Printed)      Date

Student Name: \_\_\_\_\_

This form shall be read and signed before the participant is permitted to take part in the Bourne Community Boating, Inc., program. By signing this agreement, the signer affirms having read it.

## General Release and Indemnity Agreement

I hereby give permission for \_\_\_\_\_ to participate in all programs and activities of the Bourne Community Boating, Inc. (BCB), including transportation to and from events. I understand that my child must pass a basic swim check in order to participate in a program. However, I understand that the ultimate decision as to whether my child's swimming ability is sufficient for my child to safely participate in the BCB programs and activities is mine. I have determined that my child is capable of participating in the BCB programs and activities.

In making this decision, I understand that there are risks inherent in sailing, sailboat racing, rowing, kayaking and other water-based and land-based programs and that accidents can occur on the water as well as on land during any BCB program. Such accidents can result in serious personal injury including death and property damage.

Therefore, in consideration of my child's participation in the BCB program, I do for my child, myself, personal representatives, next of kin and assigns, knowingly and freely release, and discharge BCB, its officers, directors, agents, employees and volunteers from any and all liability including personal injuries, loss of property, damage and expense which may result from my child's participation in BCB programs even though such personal injuries or loss of property may arise out of negligence or carelessness on the part of the entity or persons mentioned above.

In addition, I do for my child, myself, personal representatives, next of kin and assigns, knowingly and freely agree and covenant to totally and completely defend, indemnify, and hold harmless the above described entity and persons from any and all claims, demands, actions, causes of action by any person with respect to personal injuries, loss of property, damage and expense from my child's participation even though such personal injuries or loss of property, damage and expense may arise out of the negligence or carelessness on the part of the entity or persons mentioned above.

I have read this General Release and Indemnity Agreement, fully understand its terms and sign it freely and voluntarily.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian's Name (Printed)

\_\_\_\_\_  
Date

**Student Name:** \_\_\_\_\_

**Bourne Community Boating, Inc.**  
**SAILING SAFETY POLICY AND STATEMENT OF UNDERSTANDING**

The sailing course you are about to begin is an exciting opportunity and challenge to develop sailing skills. Sailing takes place in an environment that is potentially dangerous. It is the responsibility of every student to act at all times with the safety of all foremost in their minds. These rules are intended to provide a safe and enjoyable sailing environment. The following rules are specific requirements that **shall** be followed at all times:

1. This form shall be completed, signed by a parent or guardian, and returned to BCB. The attached registration form, immunization records, physical examination report, "Certification, Authorization, General Release and Indemnity Agreement," shall be included with the application.
2. All students shall wear bathing suits and are required to wear sneakers, or other closed-toed shoes (that will get wet) to prevent injury. It is recommended that students bring other weather appropriate clothing such as a sweatshirt or light jacket, sunglasses, hat, and a towel. BCB encourages students to wear SPF 30+ sun block on all exposed skin to prevent sunburn.
3. Personal flotation devices (PFDs – life preservers) shall be worn (properly fitted and fastened, including a whistle) by all students and Instructors at all times while on the water, docks, and floats. **Note: Students must provide their own PFDs.**
4. Each applicant shall pass a basic swim check at the start of the program. The swim check will consist of treading water for 2 minutes (without life jacket) and swimming 50 yards wearing a life jacket.
5. The above list cannot be comprehensive. When in doubt, all students must act in such a way that their personal safety and that of others is not jeopardized by their actions or lack of actions. The student understands that upon entering this sailing program he or she agrees to obey all program rules here and as set forth by the instructors, that I will use the utmost care in the use of the boats and equipment, and that I will not engage in any horseplay or other disruptive behavior.

**I have read the above Safety Policy and Statement of Understanding. I and the student agree to act in accordance with both the spirit and the letter of the rules.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name (**Printed**)

\_\_\_\_\_  
Date

**Parental Agreement:**

I have read and understand the contents of this policy and statement and agree to ensure that our student adheres to the program rules. I agree to make, if requested, an appointment for a parent-instructor conference to address these rules. I understand that the Head Instructor of BCB has the right to dismiss any student from the program if it is deemed by the Head Instructor to be in the best interest of the student or of the program. If a student is dismissed under such circumstances, no refund will be given.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian's Name (**Printed**)

\_\_\_\_\_  
Date