



Bourne Community Boating, Inc.
Summer 2012

P.O. Box 3157
Bourne, MA 02532

Paper Forms for those registering online

The forms in this package are those that we must have hard copies of. Please read, fill out and sign all of the forms and mail them to:

Bourne Community Boating, Inc.
PO Box 3157
Bourne, MA 02532

In addition to the four forms contained in this package, we also need copies of student's latest immunization record and physician's physical examination report. If you are applying for the adult class and are 18 or over, you do not need to supply these reports.

Your application will not be considered complete until we receive all of these documents.

If you do not wish to pay by credit card online, please enclose a check for tuition and/or dues with the forms. We will not cash your check unless your student is accepted into the program.

Bourne Community Boating, Inc.
Emergency Medical Form

Student's Name _____ Sex (M or F) _____

Date of birth _____ Height _____ Weight _____

Parent/Guardian /Adult student Information

Name: _____

Address: _____
Street city state zip

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Emergency Contact

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 # _____

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 (Printed) 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
Adult students sign here

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 (which 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 in the Intermediate, Adventures In Sailing, and Adult classes 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 in 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.
6. 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 here. ____

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 Executive Director of BCB has the right to dismiss any student from the program if it is deemed by the Executive Director 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

2012-01-V1