

Community Boating Center

2009 Summer Youth Program - Registration Form

OFFICE USE ONLY
Date Rec'd _____
DB Date _____
DB Staff Init _____
C? ___ M? ___ S? ___

REGISTRATION INFORMATION (REQUIRED) PLEASE COMPLETE ONE FORM FOR EACH STUDENT

Student Name: _____ Age: _____ Date of Birth: ____/____/____ Grade in Sept: _____
First Last (Nickname)

Mailing Address: _____
Number Street Name Apartment # City State Zip

Home Phone: _____ E-Mail: _____ School Attending: _____

Parent's Name: _____ Work Phone: _____ Cell Phone: _____

Parent's Name: _____ Work Phone: _____ Cell Phone: _____

Guardian's Name: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Work Phone: _____ Cell Phone: _____

Group with friend: _____

How did you hear about CBC? School Flyer Newspaper/Magazine Friend Other: _____

DEMOGRAPHICS INFORMATION (OPTIONAL) THIS INFORMATION IS USED FOR GRANT WRITING AND REPORTING PURPOSES ONLY.

<p>Household Income:</p> <input type="checkbox"/> \$25,000 or less <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$149,999 <input type="checkbox"/> \$150,000 - \$199,999 <input type="checkbox"/> \$200,000 or more	<p>Race/Ethnicity:</p> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / Alaska Native <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<p>Languages Spoken at Home:</p> <input type="checkbox"/> English <input type="checkbox"/> Creole Cape Verdean <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
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MEDICAL INFORMATION (REQUIRED)

Please attach a copy of student's latest immunization and physical examination report. (Doctors may fax this directly to CBC at 508-999-3320)

List any medical condition, allergies, etc: _____

Doctor to notify in case of emergency: _____ Phone: _____
Doctor Name

Health insurance provider: _____ Policy #: _____

TRANSPORTATION

Bussing is provided within New Bedford city limits for \$25 per student, per session (fee is waived for students who receive scholarship support). **BUSSING IS PROVIDED FOR ALL DAY PROGRAMS AND ONE WAY FOR HALF-DAY PROGRAMS. BUSSING IS NOT AVAILABLE FOR STUDENTS IN THE SEA SQUIRTS PROGRAM.**

MORNING

_____ My child is registered for AM Ext. Care
 _____ I will drive my child to CBC at 9:00 AM
 _____ My child will ride the bus to CBC: AM Bus Route _____ Stop # _____

AFTERNOON

_____ My child is registered for PM Ext. Care
 _____ I will pick up my child from CBC at 3:00 PM
 _____ My child will ride the bus home from CBC: PM Bus Route _____ Stop # _____

FINANCIAL AID APPLICATION

IMPORTANT: To complete your financial aid application you must attach a copy of your most recent federal income tax form, and copies of your three most recent pay stubs and return this form with a mandatory \$25 deposit fee. ALL household income must be reported. No scholarships will be awarded without proper documentation.

Does your child participate in the Free or Reduced Lunch Program? _____ Free _____ Reduced _____ No Number of family members? _____

What amount are you able to contribute towards your program fee? _____

Please indicate household family net (take home) income:

<input type="checkbox"/> \$0-\$18,200	<input type="checkbox"/> \$18,201-\$22,880	<input type="checkbox"/> \$22,881-\$27,560
<input type="checkbox"/> \$27,561-\$32,240	<input type="checkbox"/> \$32,241-\$36,920	<input type="checkbox"/> \$36,921-\$41,600
<input type="checkbox"/> \$41,601-\$46,280	<input type="checkbox"/> \$46,281-\$50,960	<input type="checkbox"/> \$50,961 or more

Additional information: _____

EXTENDED DAY

Extended care is available each session from 8:00 - 9:00 am and/or 3:00 - 4:00 pm. Early drop-off or late pick-up will be provided for a fee of \$45 or \$75 per session for both. Supervision and limited activities will be provided. Any child not picked up by 4:30 PM will be subject to an additional \$10 late pick-up fee per occurrence.

Do you need the extended day program? AM PM

STUDENT REGISTRATION - SELECT A PROGRAM

Please check the class that best fits student's description and needs.

Sea Squirts Program: Ages 5-6

Prerequisite: NONE

Session Length: 1 week

Day Length: 9:00 AM-11:30 AM

Price: \$175

Youth Cruising Program : Ages 7-8

Prerequisite: NONE

Session Length: 1 week

Day Length: 9:00 AM-3:00 PM

Price: \$350

Learn-To-Sail: Ages 9-13

Prerequisite: NONE

Session Length: 1 week,

Day Length: 9:00 AM-3:00 PM

Price: \$350

Intermediate Sailing: Ages 13-18

Prerequisite: 2-3 years exp. in either Learn-To-Sail or Optimist

Session Length: 1 week

Day Length: 9:00 AM-3:00 PM

Price: \$350

Optimist Program: Ages 9-13

Prerequisite: 1-year exp. in either Youth Cruising or Learn to Sail

Session Length: 2 weeks

Day Length: 9:00 AM-3:00 PM

Price: \$630

Race Team: Ages 14+

Prerequisite: 3-5 summers of previous experience

Session Length: 2 weeks

Day Length: 9:00 AM-3:00 PM

Price: \$630

STUDENT REGISTRATION - SELECT A SESSION

One-Week Sessions: Please check the session(s) you would like your child to attend.

Jun 29-Jul 3

Jul 6-Jul 10

Jul 13-Jul 17

Jul 20-Jul 24

Jul 27-Jul 31

Aug 3-Aug 7

Aug 10-Aug14

Aug17- Aug 21

Two-Week Sessions: Please check the session(s) you would like your child to attend.

Jun 29- Jul 10

Jul 13- Jul 24

Jul 27-Aug 7

Aug 10- Aug 21

PHOTO RELEASE

I hereby grant permission to Community Boating Center, Inc. (CBC) or assigns ("Photographer") the irrevocable right and unrestricted permission with respect to photographic images of _____ (student's name) at CBC, on boats or docks, or in which my child may be included, to use and/or publish individually or in conjunction with any printed matter, in any and all media, and for any legal purpose whatsoever, including, but not limited to illustration, promotion, exhibition, publication, advertising and trade. Furthermore, I consider CBC the sole and complete owner of any such photographs. I warrant I have the right to authorize these uses and hereby agree to hold CBC harmless of any and all liability in perpetuity.

Parent or Guardian Signature

Parent/Guardian Print Name

Date

WAIVERS - (REQUIRED) BOTH WAIVERS MUST BE SIGNED PRIOR TO REGISTERING CHILD FOR CLASSES.

Medical Waiver

As the parent or legal guardian of the registrant _____ (student's name), a minor, I/we authorize and consent to x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of a Massachusetts-licensed physician or dentist, and on the staff of any acute general hospital holding a current license from the State of Massachusetts Department of Public Health. This authorization is given in advance of any emergency, and is given to provide authority to render care, which a physician, in the exercise of his/her best judgment, may deem advisable. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but treatment will not be withheld if the undersigned cannot be reached.

Signature of Parent or Guardian

Parent/Guardian Print Name

Date

Waiver, Release, and Indemnity Agreement

I give permission for _____ (student's name) to attend the program at Community Boating Center, Inc. I acknowledge the potential hazards of the sport of sailing, including injury, loss and damage, and agree that my child will use Community Boating Center's boats and equipment at their own risk, abide by Community Boating Center's safety obligations and agree not to sue, to hold harmless and to indemnify Community Boating Center, Inc., their agents, officers and employees from any and all claims of injury or loss to person or property arising from child's operation or use of Community Boating Center's boats and equipment. I certify that my child can swim 75 feet and tread water for 90 seconds.

Signature of Parent or Guardian

Parent/Guardian Print Name

Date

APPLICATION CHECKLIST

- Completed registration application and signed the waivers and releases (above); applications are processed on a first-come first-served basis.
- Included copies of student's latest immunization and physical examination report.
- Included payment (10% off three or more, 15% off five or more, 25% off seven or more sessions) or applied for a financial scholarship.
- Included additional \$25 per session per student for bussing (fee waived for scholarship students).
- Included additional \$45 or \$75 per session per student for extended day.