



# Community Boating Center

1641 Padanaram Avenue · New Bedford · Massachusetts · 02740  
508-992-6219 · 508-999-3320 (f) · [www.communityboating.org](http://www.communityboating.org)

## STUDENT INFORMATION - PLEASE COMPLETE ONE FORM FOR EACH STUDENT (REQUIRED)

Name: \_\_\_\_\_  
Last First M.I. Nickname

Address: \_\_\_\_\_  
Street Name / PO Box Apartment # City State Zip

Phone: \_\_\_\_\_ (R) \_\_\_\_\_ (B) \_\_\_\_\_ (F) \_\_\_\_\_  
 (C)

E-Mail: \_\_\_\_\_ Previous CBC Student?  Yes  No

Date of Birth: \_\_\_\_\_ Sex:  (M)  (F) Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

## Class Registration

**Beginner Evening Classes:**  1B: July 1, 3, 8, 10, 15, 17  
 2B: August 6,8,13,15,20,22  
 Take the first steps to discovering the sport that defines the Southcoast summer. Board a 23-foot keelboat and head out into Buzzards Bay. Emphasizing safety and fundamentals, a US Sailing certified CBC instructor takes you through six two-hour classes of essential nautical know-how. Master the basics: equipment and safety, parts of the boat, sailing terminology, fundamentals of navigation and more. You will be hooked in no time! Class runs from 5:45 to 7:45 PM at CBC's Clarks Cove site. Cost: \$240 per session.

**Intermediate Evening Classes:**  1I: July 22, 24, 29, 31 August 5, 7  
 This twelve-hour, three week course is designed to further sailors' skills beyond what they learned in our beginner class and make sailors confident enough to take out their own boat. With a small student to instructor ratio, sailors will have lots of tiller time to master upwind sailing, docking, mooring, man

overboard, as well as learn more about navigation. The course is held in both Capris and Sonars. Class runs from 5:45 to 7:45 PM at CBC's Clarks Cove site. Cost: \$240 per session. (Prerequisite – One Beginner Session)

**Beginner Saturday Classes:**  BS1: July 20, 27  
 The Beginner Saturday Course follows the same syllabus as the evening class but is run over the course of two Saturdays. Each class runs from 9am to 4pm with an hour lunch break. Cost: \$240 per person.

**Intermediate Saturday Classes**  IS1: August 24, 31  
 The Intermediate Saturday Course follows the same syllabus as the evening class but is run over the course of two Saturdays. Each class runs from 9am to 4pm with an hour lunch break. Cost: \$240 per person. (Prerequisite – One Beginner Session)

## HOW DID YOU HEAR ABOUT THIS US?

Mailing  Internet  US Sailing  Previous Student  Facebook  Other \_\_\_\_\_

RELEASE FOR LIABILITY AND INDEMNITY AGREEMENT (REQUIRED)

I consent that I can swim 75 feet and tread water for 2 minutes. Accordingly, I understand that there are risks inherent in sailing and land-based programs and that accidents can occur on the water as well as on land during any Community Boating Center, Inc. program and acknowledge that we are accepting those risks.

I consent to participating in the sailing, and in consideration of my being permitted to so participate, on behalf of myself, my heirs, my agents, my representatives, next of kin and assigns do freely agree and forever hereby release, acquit, discharge, and covenant to hold harmless and indemnify Community Boating Center, Inc., its officers, directors, agents, employees and volunteers, from any and all liability including personal injuries, loss of property, property damage, injury or death which may result from my participation in Community Boating Center, Inc.'s 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 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, charges, actions, causes of action by any person with respect to personal injuries, loss of property, damage and expense from my 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. We represent that we have and will maintain sufficient coverage under our homeowner's or tenant's liability insurance policy for any negligent acts of applicant in his/her pursuance of CBC activities.

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

Student Signature \_\_\_\_\_ Student Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (If student is under 18) \_\_\_\_\_ Parent/Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_

PHOTO WAIVER

I, the undersigned, hereby grant permission to Community Boating Center, Inc. (CBC) or assigns ("Photographer") the irrevocable right and unrestricted permission with respect to photographic images of myself 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 and hereby agree to hold CBC harmless of any and all liability in perpetuity.

Student Signature \_\_\_\_\_ Student Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (If student is under 18) \_\_\_\_\_ Parent/Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_

FEES

Adult Sailing \$240 \$\_\_\_\_\_

Enclosed is my check/money order payable to Community Boating Center or charge my: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Card No. \_\_\_\_\_ Ex. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Statement Mailing Address: \_\_\_\_\_  
Street Name / PO Box Apartment # City State Zip

NOTE: Registration for all Community Boating Center courses are on a first pay, first enrolled basis. All sections of this application must be completed.

CANCELLATION POLICY

Cancellations made up to 30 days prior to the start of a course will receive a refund less an administrative fee of 25% of the course cost. Cancellations made 15 to 29 days prior to the start of a class will receive a refund less an administrative fee of 50% of the course cost. No refund will be given if cancelled within 14 days of the course.

**MEDICAL AND EMERGENCY INFORMATION (REQUIRED)**

Name: \_\_\_\_\_ Sex: \_\_\_\_ (M) \_\_\_\_ (F)  
Last First M.I.

Address: \_\_\_\_\_  
Street Name / PO Box Apartment # City State Zip

Phone: \_\_\_\_\_ (R) \_\_\_\_\_ (C) Date of Birth: \_\_\_\_\_

Physical disabilities or learning disabilities (Please specify) \_\_\_\_\_

Please check (X) those that apply: (Provide necessary details on reverse side of this sheet.)

Chronic Ailments:		Allergies:	
Asthma, or other respiratory problems		Medication	
Diabetes or Hypoglycemia		Bee stings/Insect bites	
Hemophilia, or other bleeding problems		Foods (Please list)	
Circulatory or heart problems		Others, if significant	
Epilepsy			

Date of last tetanus shot: \_\_\_\_\_ Blood type: \_\_\_\_\_

Current medications if any: \_\_\_\_\_

Physician who conducted your most recent physical examination:

Name	Phone Number	Date of Last Exam

Health Insurance Carrier	Insurance ID Number

Dentist who conducted your most recent dental examination:

Name	Phone Number	Date of Last Exam

Dental Insurance Carrier	Insurance ID Number

**MEDICAL WAIVER (REQUIRED)**

I, the undersigned, authorize and consent to x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or special supervision of any member of the medical staff or of a dentist licenses under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. I/we, authorize the Community Boating Center, Inc., the officers, directors, and employees to sanction emergency medical treatment for the student at the time of the emergency. 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.

In case of emergency call:

Name	Relationship	Phone Number

Student Signature \_\_\_\_\_ Student Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (if student is under 18) \_\_\_\_\_ Parent/Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_

STATEMENT OF UNDERSTANDING (REQUIRED)

You will be required to provide your own Type III personal flotation device (PFD). The PFD must be Coast Guard approved and the proper size for your weight and build. It should be comfortable, since will be wearing it at all times while you are on or near the water. You must wear shoes at all times while you are in the boats, on the piers, or in the boat launching area. Bring a change of clothes and a towel each day. Other supplies that you will need are listed in the information letter provided by Community Boating Center, Inc.

Please carefully read and sign the following agreement, if you are under 18 have your parents read and sign the second agreement.

*I understand that in enrolling and participating in this sailing course, I agree to obey all program rules as set forth by the Instructor. I agree that I will use utmost care in the use of the boats and equipment. I agree to assume the obligation of the expenses of repair and/or replacement of program equipment whose loss or damage is attributable to my reckless or irresponsible behavior. I understand that if I fail to attend regularly, arrive promptly, and abide by the rules, I may be suspended from the program.*

*The sailing student assumes full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation of the Navigation Rules, and other acts of boaters, or other representatives of the host location in connection herewith. The student further agrees to hold the host location, Community Boating Center, Inc., and their representatives harmless for personal injuries and/or property damage.*

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Student's Signature

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Date