



Community Boating Center

A US Powerboat Training Center

1641 Padanaram Avenue · New Bedford · Massachusetts · 02740

508-992-6219 · 508-999-3320 (f) · www.communityboating.org

US POWERBOATING POWERBOAT HANDLING COURSE REGISTRATION FORM

Safe Powerboat Handling Accelerated Safe Powerboat Handling

Course Host: _____ Date of Course: _____

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: _____

POWERBOATING EXPERIANCE: (if anv)

The powerboats I am most familiar with are:

	Type/Design	Length	Horsepower	Time	Activity/Use (i.e. launch operator, water skiing, fishing)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Based on the above, I judge my powerboat handling skills to be:

- Highly skilled. Anticipate no problem passing on-the-water testing.
- Skilled, but may need some brushing up in areas.
- Skills are rusty; are not sure if I can perform required skills; need considerable practice.
- No or little experience in powerboat handling.

REASONS FOR TAKING THIS COURSE: (if anv)

- To gain experience in powerboat handling skills for personal use.
- In preparation for taking a US Sailing Instructor Course.
- As a follow-up to having completed other formal training through: (check all that apply)
 - USCG Auxiliary
 - US Power Squadron
 - State safe boating course
 - American Red Cross
 - Military
 - Community, College or private organization
 - Other: _____

HOW DID YOU HEAR ABOUT THIS COURSE?

Mailing Internet US Sailing Previous Student Magazine 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 power boating 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 Powerboat Training Course, 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

Safe Powerboat Handling \$330 \$ _____

Accelerated Safe Powerboat Handling \$210 \$ _____

Late Fee \$50 \$ _____ (for registrations two weeks before course start date)

Total Remittance \$ _____

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

Course fees are nonrefundable

For cancellations more than 4 weeks before the course date, the fee is transferable to another course.

For cancellations within the 4 week period, ½ of the course fee will be transferable to another course.

For no-shows, 100% of the course fee is forfeited.

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)

The US POWERBOATING Safe Powerboat Handling Course is an exciting challenge, but you need to be aware of what will be involved and be willing to study and practice to achieve success.

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 powerboating 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 powerboat 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.

Student's Signature

Date

Parental Agreement

I/We understand the contents of this Agreement. I/We agree to see to it that my/our child adheres to the program rules. I/We agree to assume the obligation of the expenses of repair and/or replacement of program equipment whose loss or damage is attributable to my/our child's reckless or irresponsible behavior.

Further, in consideration for my minor child being permitted to enroll in a US Powerboating Safe Powerboat Handling Course, I/we agree that I/we will not make any claim, either for ourselves or on behalf of my/our child, against Community Boating Center, Inc., its representatives, or against the host organization or its officers, or members, for any personal injuries or wrongful death to such child, or for damage to any of the child's property, arising out of the activities of this course.

Parent/Guardian Signature (if student is under 18)

Date