

COMMUNITY BOATING CENTER



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YOUTH
PROGRAMS

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1641 Padanaram Avenue
New Bedford, MA 02740



WHO WE ARE

The Community Boating Center (CBC) is a non-profit outreach and mentorship organization created to provide people from the Greater New Bedford area with challenging and enriching new experiences through boating.

Here at CBC, we strive to instill in the young and continue to teach people of all ages the value of integrity, sound judgment, teamwork and environmental awareness. We do this by offering educational opportunities and access to the marine environment, regardless of means, through instruction, mentoring and coaching.

OUR MISSION

"To teach positive life values to youth through boating."



US POWERBOATING SAFE POWERBOAT HANDLING COURSE (more information found on website)

CBC has been recognized as a US Powerboat Training Center by US Sailing. Our courses are for people who want to learn how to safely operate a powerboat or improve their on-the-water boat handling skills. The course is taught by CBC employees who are US SAILING Certified Powerboat Instructors. Contact CBC for rates and course schedules. Topics covered in classroom, dockside demonstrations, and on-the-water include:

- Powerboat types and characteristics
- Engine Systems and troubleshooting
- Fuel, lubrication, dangers
- Engine controls, steering
- Props and lower units; dangers
- Preventative maintenance
- Maneuverability and turning characteristics
- Safety equipment
- Operator responsibilities
- Trip planning and float plans
- Vessel Registration and capacity
- Shifting; throttle coordination
- Docking
- Speed control
- Pivot turns and high speed turns
- Backing, Mooring and anchoring
- Navigation rules and aids
- Emergency procedures
- Weather, tides and currents
- Marlinspike
- Seamanship



STUDENT REGISTRATION - *SELECT A PROGRAM*SEA SQUIRTS-Clark's Cove Site: Ages 5-6

Session Length: One week

Running Sessions 2-5 only

Day Length: 9:00 AM-12:00 PM

Price: \$180

No Busing

This program focuses on creating a comfortable environment with the main goals being water safety and having fun! We mix sailing, games and swimming to help our Sea Squirts build confidence in, around and on the water.

Learn-To-Sail Fort Taber: Ages 9-12

Session Length: One week

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

Price: \$375

This program is for students who are looking for a fun and exciting way to explore their local environment while receiving individual attention and guidance from their instructors. The main goals of this course are to have fun and to learn the basics of sailing in a safe and exciting environment. Class is held in kayaks, Catalina 14.2s with an instructor in each boat.

Learn-To-Sail Clark's Cove: Ages 7-9

Session Length: One week

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

Price: \$375

This program is for students who are both new to sailing and those who have a few summers of sailing experience. The goals of this class are to have fun on the water and to learn and/or build upon the basics of sailing. Students in this class will have the opportunity to sail with an instructor and small group or to sail in their own boat with an instructor driven safety boat alongside. This class is held in kayaks, Catalina 14.2s, and Sonars.

Bay Navigators- Clark's Cove Site: Ages 9-13

2013 Equivalent: Optimist Program

Session Length: One Week

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

Price: \$375

This program is for students who have been in CBC's programs for at least two summers and feel confident sailing in their own boat as well as in a group setting. This class is held in kayaks, Optimist, Laser Picos, Catalina 14.2 and Sonars.

Bay Cruisers - Clark's Cove: Ages 13-17

2013 Equivalent: Cove Cruising/420 Program

Session Length: One week

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

Price: \$375

This program is ideal for students who are new to sailing and those who have been in our program for years. This class is designed to follow the skill set of each group of sailors from week to week. Our more experienced sailors will have the opportunity to split from the group for more advanced sailing during the afternoons. This class is held in kayaks, Catalina 14.2s, 420s, Laser Picos and Sonars.

STUDENT REGISTRATION - *SELECT A SESSION Please number each session in order of preference.* 1 Jun 29-Jul 3 2 Jul 6-10 3 Jul 13- 17 4 Jul 20-24 5 Jul 27- 31 6 Aug 3-7 7 Aug 10-14 8 Aug 17-21

JUNIOR INSTRUCTOR PROGRAM (Contact Programs@CommunityBoating.org or call 508-992-6219 with questions)

The JI Program is designed to bridge the gap between student and teacher for participants by instilling leadership qualities and the confidence that is required to teach a class both on and off the water. During this period, students volunteer and mentor alongside the full-time instructors, helping with the operations and basic instruction during the mornings and then participate in one of CBC's sailing classes during the afternoons. By working closely with CBC's senior staff, JI's have an opportunity to learn the basics of being a sailing instructor from a mentor as well as the specific requirements and routines of CBC's programs while developing their abilities to teach, lead and inspire the next generation of CBC kids. Our JI program may be taking on a new and exciting 2 year workforce development format this year. Please call to find out more.

COURSE 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.



PAYMENT POLICY

Please mail cash or check made out to Community Boating Center with application. Spots will not be held without payment unless accompanied with a completed financial aid application and verification materials. Contact Ric at CBC for more info.

Mail the completed application to: Community Boating Center, Inc., 1641 Padanaram Avenue, New Bedford, MA 02740 OR fax to: 508-999-3320 or email: Programs@communityboating.org

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

Student Name: _____ Date of Birth: ____/____/____
First Last (Nickname)

Address: _____
Number Street Name Apartment # City State Zip

Home Phone: _____ Student E-Mail: _____

School Attending: _____ Grade in Fall 2015: _____ Previous CBC Student? Yes No

2014 CBC Course: _____

How did you hear about CBC? School Flyer Friend Facebook Referral: _____ Other: _____

PARENT/GUARDIAN/LEGAL REPRESENTATIVE INFORMATION (REQUIRED)

1ST Parent/Guardian Name: _____ E-Mail: _____

Address: _____
Number Street Name Apartment # City State Zip

Work Phone: _____ Cell Phone: _____ Home Phone: _____

2ND Parent/Guardian/Emergency Contact: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

DEMOGRAPHICS INFORMATION (THIS IS IMPORTANT FOR GRANT WRITING PURPOSES AND WILL NOT BE DISCLOSED)

- Household Income:
- \$25,000 or less
 - \$25,000 - \$49,999
 - \$50,000 - \$74,999
 - \$75,000 - \$99,999
 - \$100,000 - \$149,999
 - \$150,000 - \$199,999
 - \$200,000 or more

- Race/Ethnicity:
- African American
 - Asian
 - Hispanic / Latino
 - Native American
 - Pacific Islander
 - White
 - Other: _____

- Languages Spoken at Home:
- English
 - Creole Cape Verdean
 - French
 - Portuguese
 - Spanish
 - Other: _____

FINANCIAL AID CHECKLIST

IMPORTANT: ALL FINANCIAL AID MATERIALS MUST BE SUBMITTED WITH YOUTH SAILING APPLICATION AND FINANCIAL AID APPLICATION FOR APPLICATION TO BE PROCESSED. *Return the documentation with the \$15 application fee.*
No financial aid will be awarded without proper documentation nor will application be processed without materials on list below.

| | |
|-------------------------------------|---|
| \$15 Application fee | 0 |
| 2014 Tax Return | 0 |
| Completed Financial Aid Application | 0 |
| 3 Recent Paystubs | 0 |



EMERGENCY MEDICAL FORM (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 or email Programs@communityboating.org)

Name: _____ Sex: ____ (M) ____ (F)
Last First M.I.

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 reverse side of this sheet.

- | | |
|---|--|
| <p>Chronic Ailments:</p> <p>_____ Asthma, or other respiratory problems</p> <p>_____ Diabetes or Hypoglycemia</p> <p>_____ Hemophilia, or other bleeding problems</p> <p>_____ Circulatory or heart problems</p> <p>_____ Epilepsy</p> | <p>Allergies:</p> <p>_____ Medication</p> <p>_____ Bee stings/Insect bites</p> <p>_____ Foods: _____</p> <p>_____ Others, if significant (check and describe on back of form)</p> |
|---|--|

Date of last tetanus shot: _____

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 |
|--------------------------|---------------------|
| | |

Signature of Parent or Guardian _____ Parent/Guardian Name (Print) _____ Date _____



GENERAL RELEASE and INDEMNITY AGREEMENT (REQUIRED)

I hereby give permission for _____ to participate in all programs and activities of the Community Boating Center, Inc. (CBC), 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 CBC programs and activities is mine. I have determined that my child is capable of participating in the CBC 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 CBC program. Such accidents can result in serious personal injury including death and property damage.

Therefore, in consideration of my child's participation in the CBC program, I do for my child, myself, personal representatives, next of kin and assigns, knowingly and freely release, and discharge CBC, 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 CBC 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.

Signature of Parent or Guardian

Parent/Guardian's Name (Print)

Date

Signature of Student

Student's Name (Print)

Date

MEDICAL WAIVER (REQUIRED)

I, the undersigned parent/guardian, authorize the Community Boating Center, 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 or Guardian

Parent/Guardian Name (Print)

Date

MEDICAL RELEASE AND INDEMNITY AGREEMENT (REQUIRED)

Further, I hereby release the Community Boating Center, 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.

Signature of Parent or Guardian

Parent/Guardian Name (Print)

Date

PHOTO WAIVER

I/We 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/we warrant I/we 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



SAILING SAFETY POLICY AND STATEMENT OF UNDERSTANDING (REQUIRED)

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 CBC. The attached registration form, emergency medical form, immunization records and physical examination report, signed "Medical Waiver and Indemnity Agreement", signed "General Release and Indemnity Agreement", and signed "Sailing Safety and Statement of Understanding" 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. CBC 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.
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 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.
6. All students must be signed in and out with the appropriate staff member by an approved person listed on application.
7. If a student is to leave a program early or will be leaving with another student's family, CBC must be notified via written note.

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.

Signature of Student _____ Student's Name (Print) _____ 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 CBC 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.

Signature of Parent or Guardian _____ Parent/Guardian's Name (Print) _____ Date _____



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 full day programs only, and is not available for students attending the Sea Squirts Program.

MORNING _____ I will drive my child to CBC at 9:00 AM
 _____ My child will ride the bus to CBC: AM Bus Route _____ Stop # _____

AFTERNOON _____ 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 # _____

If anyone other than a named parent or guardian (not including emergency contact) will be taking this child off the bus or picking them up at CBC, we need your permission to release him or her to the following person(s) care. Please be sure to write everyone's name on this list. This will be strictly enforced at sign out.

BUS ROUTES AND STOPS- **THESE ROUTES AND TIMES ARE SUBJECT TO CHANGE 2015 YOU WILL BE NOTIFIED IF CHANGED**

| Route 1 (Far North - Acushnet Ave - Ashley Blvd - County St - Brock Ave) | Route 2 (Kings Hwy - Mt Pleasant St - Shawmut Ave - West End - Rockdale Ave - Hemlock) |
|---|---|
| Stop# | Stop # |
| 1 corner of Acushnet Ave & Fieldstone Dr. (1 block south from Braley Rd) | 1 corner of Hemlock & Rockdale Ave (Storage center) |
| 2 Accu-Billard's parking lot (at 140 highway sign) | 2 corner of Dunbar & Dartmouth St. (Dunbar School) |
| 3 corner of Phillips Ave. & Morton Ave. (Campbell School) | 3 corner of Hemlock & Thompson St. (Condon School) |
| 4 New Bedford Vocational School (In front of sign) | 4 corner of Oak & Dartmouth St. |
| 5 corner of Tarkilnhill Rd. & Orleans St. (At the Normandin School sign) | 5 corner of Palmer & Bedford St. (behind Winslow School) |
| 6 Wilks Library on Acushnet Ave. (At sign) | 6 corner of Rockdale & Hawthorn St. |
| 7 corner of Ashley Blvd. & Glennon St (Lincoln School) | 7 corner of Court & Jonathan St. (one block east of Rockdale Ave.) |
| 8 St. Anthony's Church (Acushnet Ave.) | 8 corner of Court & Tremont St. (Hathaway School) |
| 9 Hayden McFadden School (County St. at crosswalk) | 9 corner of North & Park St. |
| 10 corner of County St. & Parker St. (Parker School) | 10 corner of North & James St. (Boys & Girls Club) |
| 11 corner of County St. & North St. (St. Lawrence Church) | 11 corner of North & Rockdale Ave. (behind Rodman School) |
| 12 corner of County St. & Court St. (N.B. public school building) | 12 New Bedford High School (at the sign) |
| 13 corner of County St. & Allen St. | 13 corner of Shawmut Ave. & Durfee St. |
| 14 corner of County St. & Rivet St. | 14 Carlos Pacheco Elementary School (doors on the Buchanan St. side) |
| 15 corner of County St. & Jouvette St. | 15 Barret St. & Mt. Pleasant St. (Eddie James Park sign) |
| 16 corner of Brock Ave. & David St. | 16 corner of Mr. Pleasant St. & Rayno St. (Across from Kings Hwy Park and Ride) |
| 17 corner of Brock Ave. & Valentine | |
| 18 corner of Brock Ave. & Oaklawn St. | |

APPLICATION CHECK LIST

- Completed registration application and signed waivers (above).
- Included copies of student's latest immunization and physical examination report.
- Included payment or applied for a financial scholarship.
- Include additional \$25 dollars per session per student for bussing (fee waived for scholarship students).

