



# 2010 Maritime Explorer Application

www.ctcommunityboating.com  
(203) 382-3661

Please Mail Completed Application to:  
Connecticut Community Boating Inc.  
1494 Main St. Bridgeport, CT 06604

<b>Student Name/Nickname:</b> 	<b>Parent/Guardian Name/s:</b> 
<b>Age:</b> <b>DOB:</b>  _____/_____/_____	<b>Street Address:</b> _____ <b>City:</b> _____ <b>State:</b> ____ <b>Zip:</b> _____ <b>Email:</b> _____@_____._____
<b>Medical Information</b> (check all that apply): <input type="checkbox"/> Eyeglasses/Contacts <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Asthma/Allergies <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Diabetes/Hypoglycemia <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart/Circulatory Condition <input type="checkbox"/> Other <input type="checkbox"/> Hemophilia/Bleeding Disorder	<b>Contact Information:</b> <b>Home Phone:</b> <input type="checkbox"/> Check for use as Emergency Contact Number <b>Mobile Phone:</b> <input type="checkbox"/> Check for use as Emergency Contact Number <b>Work Phone:</b> <input type="checkbox"/> Check for use as Emergency Contact Number
<b>Last Physical:</b> ____/____/_____ <b>Physician Name:</b> <b>Physician Phone:</b> <i>Please include any additional information on the back of this form.</i>	<b>Additional Contacts:</b> <b>First Additional Emergency Contact:</b> Name: _____ Relationship: _____ Home Phone: _____ Mobile Phone: _____ Work Phone: _____
<b>Sessions of Interest:</b> <input type="checkbox"/> Session 1: 6/21-7/2 <input type="checkbox"/> Session 2: 7/5-7/16 <input type="checkbox"/> Session 3: 7/19-7/30 <input type="checkbox"/> Session 4: 8/2-8/13 <input type="checkbox"/> Session 5: 8/16-8/27 <input type="checkbox"/> <b>AM: 8:30-12:30</b> <input type="checkbox"/> <b>PM: 1-5</b> <input type="checkbox"/> <b>Full Day</b>	<b>Second Additional Emergency Contact:</b> Name: _____ Relationship: _____ Home Phone: _____ Mobile Phone: _____ Work Phone: _____

**Parent/Guardian**

**Authorizations Needed**

**Parent/Guardian  
Initials**

**Authorizations Needed**

	<p><b>Emergency Treatment Authorization</b>                  I, the undersigned parent, parents, or legal guardian of _____ (the child), a minor, hereby authorize Connecticut Community Boating, Inc. and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned emergency contact prior to rendering treatment to the child, but that any of the above treatment or care may be provided to the child if the undersigned cannot be reached.</p>
	<p><b>Release</b>                  The undersigned parent/guardian/adult sailor recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce Connecticut Community Boating, Inc. to accept his/her child (or adult sailor) into the said program, the undersigned parent/guardian/adult sailor covenants and agrees to hold harmless and indemnify the Connecticut Community Boating, Inc., its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of Connecticut Community Boating, Inc. or any activities on or the use of any facilities or equipment of the said program.</p>
	<p><b>Photographic Release</b>                  I hereby acknowledge that the enrolled child may be photographed while participating in Connecticut Community Boating, Inc. activities and/or programs; I hereby unconditionally authorize Connecticut Community Boating, Inc., at its sole discretion, to use any such photographs in brochures, web pages, flyers and any other advertising, promotional or educational materials.</p>
	<p><b>Parental/Guardian Agreement</b>                  I/We understand that I/we are responsible for the enrolled child's behavior and conduct at Connecticut Community Boating, Inc. and will see to it that the enrolled child adheres to the rules set forth by the captain and Staff of CCB. I/we agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to the enrolled child's reckless or irresponsible behavior and the expense of medical care if the enrolled child is injured. I/we agree to make an appointment for a parent/instructor conference if requested.</p>

By signing here, you are agreeing that you have read and understand all of the above materials and agree to comply with the letter and spirit of each portion of the document. **(Signature of Parent/Guardian required)**

**In Order for your child to be considered for acceptance into the program we ask that you follow the instructions carefully.**

Parent/Guardian Initials	Information Needed
	<p><b>Swimming Certification</b> (please check one option and initial in space provided that you understand this requirement).</p> <p><input type="checkbox"/> I, the parent/guardian understand the swim requirement and have attached a copy of a signed certification from an accredited swim program (ie. YMCA) that my child can swim unaided for 100 yards and tread water for one minute.</p> <p><b>OR</b></p> <p><input type="checkbox"/> I, the parent guardian understand the swim requirement and know that my child can pass the test, but need to have my child certified by a Connecticut Community Boating staff member or volunteer. <b>We will contact you to discuss certifying your child.</b></p> <p><b>OR</b></p> <p><input type="checkbox"/> I, the parent/guardian understand the swim requirement and acknowledge that my child does not know how to swim. <b>In this case your child is welcome to apply to the camp and we will contact you to discuss how we can proceed.</b></p>
	<p><b>Please check one and initial to indicate compliance</b></p> <p><input type="checkbox"/> The applicant resides in Bridgeport and therefore may attend the program for free thanks to the Fairfield County Community Foundation. <b>We ask that you attach a copy of you 2009 tax return.</b></p> <p><input type="checkbox"/> The applicant is not a Bridgeport resident and would like to apply for tuition assistance. <b>We ask that you attach a copy of you 2009 tax return.</b></p> <p><input type="checkbox"/> The applicant is not in need of financial assistance. I the parent/guardian have enclosed a check for the full amount of \$250 per session my child will attend. (If for any reason, your child is not accepted or the session does not have a high enough enrollment your payment will be returned. Otherwise your payment will be non-refundable)</p>
<p><b>Please include a picture of the applicant as well as brief paragraph written by the applicant about why they want to attend the, "Maritime Explorer Program."</b></p>	