



SPIRIT OF AMERICA BOATING SAFETY PROGRAM

Offered by Sailing Center Chesapeake & St. Mary's College of Maryland
Open to students who have completed 6th, 7th, or 8th grades in 2017.

Summer 2017 Student Information

Student Name: _____ Birth Date: _____
First Middle Last

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

School: _____

Parent/Guardian Signature: _____ Date: _____

***Please note: NEW FOR 2017: Students must be able to attend 2 classroom sessions held on June 3rd & 17th (hours 9-4) in Goodpaster Hall 195 on St. Mary's College Campus. BOTH classroom sessions are mandatory to attend summer camp weeks. For camps, please rank your session dates below in order of preference.**

Session Dates: June 26 - 30, 2017 _____
 July 10 - 14, 2017 _____
 July 24 - 28, 2017 _____
Order of Preference

*Please note: camps will be filled according to preference on a first come, first served basis.

Shirt Size (for life jackets): ___ Small ___ Medium ___ Large ___ XL

The Maryland Safe Boating exam is 60 multiple choice questions. If the student has any difficulty with this type of test, please let us know.

Fee: Tuition is free, but there is a \$50 non-returnable application fee. Please make your check out to: **Sailing Center Chesapeake.**

Send registration forms (& fee) to: SCC (Attn: Erin Ludwig), P.O. Box 72, Tall Timbers, MD 20690

THE STUDENT APPLICANT MUST COMPLETE THIS SECTION:

In 40 – 50 words, please tell us why you would like to be selected for the Spirit of America Program.

Student's Signature

Spirit of America - 2017

MEDICAL RELEASE & HEALTH BACKGROUND

(Complete one per child)

Date _____

Last Name _____ First Name _____ Middle _____

Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Sex: Male _____ Female _____

In case of emergency: Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ (W) _____ (H)

Medical Insurance Company _____ Policy # _____

Subscriber's Name _____

If Military – Branch & Duty _____

I hereby authorize any duly authorized doctor, emergency medical technician, hospital, or other medical facility to treat the above named minor for the purpose of attempting to treat or relieve any injuries by said minor while he/she was a participant or observer at an event at St. Mary's College of Maryland and or Sailing Center Chesapeake.

I authorize any licensed physician to perform a procedure which he deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he may encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

I have read this release – Sign here

Signature _____ Date _____

Relationship to Minor _____

Are all required school immunizations current? _____

Please list any underlying medical conditions (allergies, asthma, etc.), current medications, and physical limitations or restrictions.

Physician's Name _____ Phone _____

**Assumption of Risk and Release to
Sailing Center Chesapeake and St. Mary's College of Maryland**

I understand that participation in any activities, such as use of the swimming pool or the Waterfront facilities at both Sailing Center Chesapeake and St. Mary's College of Maryland involves certain risks. Hereinafter, I, the undersigned, do state that I am voluntarily participating in these activities at Sailing Center Chesapeake and St. Mary's College of Maryland, and have sufficient understanding and requisite knowledge to recognize and appreciate there may be certain risks while participating in any activities at Sailing Center Chesapeake or St. Mary's College of Maryland.

I understand that neither Sailing Center Chesapeake nor St. Mary's College of Maryland, nor their respective employees, agents, officers or the Board of Trustees ("collectively St. Mary's College") shall be deemed responsible in any way for the actions of anyone including, but not limited to, the acts or actions of any employees, agents, students or invitees, any third party, or the operation and management of any means of transportation, public or private, facilities or equipment used.

My signature below indicates that I agree to assume all risks and responsibilities surrounding my participation in the sanctioned activities at Sailing Center Chesapeake/St. Mary's College of Maryland, including any and all activities undertaken while participating in the Athletics and Recreation Center at St. Mary's College Waterfront, or Sailing Center Chesapeake and release St. Mary's College/Sailing Center Chesapeake from any such liabilities. My signature also indicates that I understand the dangers and risks of participating in any activities available at Sailing Center Chesapeake and St. Mary's College of Maryland and that participation may result in serious injury or death.

I further understand that I am solely responsible, or if I am under 18 years of age that I, as well as my parent or legal guardian, are solely responsible, for determining whether I have any physical or mental limitations preventing me from participation in activities and facilities available in the Athletics and Recreation Center, at the St. Mary's College Waterfront or the Sailing Center Chesapeake. By my signature below, I am representing to Sailing Center Chesapeake/St. Mary's College that I have no physical or mental limitations preventing me from participating in any activities that I may participate in at Sailing Center Chesapeake/St. Mary's College of Maryland and that I or if I am a minor, my parent or guardian agree to allow me to participate despite any limitation. I further agree that Sailing Center Chesapeake and St. Mary's College has no actual or constructive notice of any such limitation and hereby release Sailing Center Chesapeake and St. Mary's College from any direct or indirect liability. This assumption of risk, from once signed, will remain at the College and be a useable legal document until I revoke it in writing.

In Witness Whereof, I have caused this Release and Assumption of Risk to be executed this _____ day of _____, 20_____.

Witness

Date

Signature

Date

Printed Name

My parents or guardians are aware that I am participating in this activity: (circle) Yes No

Parent or guardian signature is required:

Parent Signature

Parent Printed Name

Photography Release

I _____ grant permission to Saint Mary's College of Maryland, Sailing Center Chesapeake, and the Spirit of America Foundation and their Designees to use photographs of me/my child for the purpose of promoting the Spirit of America program. I understand that the photograph(s) may also be used for slide shows, displays, videos, and other presentations for the purpose of explaining or promoting the mission and opportunities provided by Saint Mary's College of Maryland and Sailing Center Chesapeake. Photo selection, cropping, and reproduction will be determined at the SMCM/Sailing Center Chesapeake/Spirit of America Foundation's discretion.

Signature of Parent or Guardian

Date