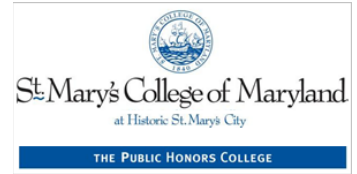




Spirit of America Boating Safety Course



Offered at St. Mary's College of Maryland
and/or Sailing Center Chesapeake

Open to students who have completed 6th, 7th, or 8th grades in 2018.

Summer 2018

Student Information

Student Name: _____ Birthdate: _____
First Middle Last

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

School: _____ Grade Completed _____

Parent/Guardian Signature: _____ Date: _____

Session Dates (Indicate 1st, 2nd, 3rd choice):

June 25th – 29th, 2018 _____ July 9th – 13th, 2018 _____ July 23rd – 27th, 2018 _____

***Please note: Students must be able to attend 1 classroom session, either May 19th or June 2nd (9-6) in Goodpaster Hall 195 on St. Mary's College Campus. The MD Safe Boating Exam is 65 multiple choice questions. If the student has any difficulties with this type of test, please let us know. Choose one of these MANDATORY dates for the MD Safe Boating Class and Exam:**

May 19, 2018 _____ June 2, 2018 _____

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

Fee: There is a \$50 non-refundable application fee. Scholarships are available. Please make your check out to **Sailing Center Chesapeake**

Send written registration forms (& fee) to: Sailing Center Chesapeake, Stuart Egeli P.O. Box 72 Tall Timbers, MD 20690

Send electronic forms to: saintmarys@spiritofamerica95.org BOTH electronic forms and paper forms are needed.

Contact/Questions: Brenda Clark, coordinator j4eeeee@msn.com (240) 298-2659

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, established in 1995 as a 501c3 not-for-profit public service organization, exists primarily to serve our nation's youth with Americas Premier Youth Boating Education Programs.

Our Mission:

Offering a unique, safe and comprehensive water-based educational and recreational program, the Spirit of America Foundation instills confidence and fosters the *Spirit* of teamwork in our nations youth. Our underlying goals also include developing self-esteem while nurturing responsible behavior and positive, lifelong ambitions.

'We shall teach the way our children learn'©

Photography Release

I _____ grant permission to the Spirit of America Foundation and Saint Mary's College of Maryland to use photographs of me/my child for the purposes 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 Spirit of America Foundation and Saint Mary's College of Maryland. Photo selection, cropping, and reproduction will be determined at the SMCM's discretion.

Signature of Parent or Guardian

Date

Spirit of America - 2018

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.

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
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 St. Mary's College of Maryland involves certain risks. Hereinafter, I, the undersigned, do state that I am voluntarily participating in these activities at 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 St. Mary's College of Maryland.

I understand that neither 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 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, and release St. Mary's College from any such liabilities. My signature also indicates that I understand the dangers and risks of participating in any activities available at 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. By my signature below, I am representing to 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 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 St. Mary's College has no actual or constructive notice of any such limitation and hereby release 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