

Spirit of America Recreational Boating Safety Education Course

Offered at St. Mary's College of Maryland
47645 College Drive St. Mary's City, MD 20686
and/or Tall Timbers Marina 18521 Herring Creek Rd, Tall Timbers, MD 20690

Open to students who have completed 6th, 7th, or 8th grades in 2019.

Summer 2019 **APPLICATION DEADLINE MAY 20, 2019**

Session Dates (Indicate 1st, 2nd, 3rd choice below) 8:30 AM – 4:30 PM Each Day Monday - Friday
Each week represents one full session and includes all mandatory components of the Maryland Boating Education Course with test score of 80% or better, Drowning Prevention and all on water disciplines. A successful completion of the course is only certified after completion of all objectives in all disciplines.

____ July 8th – 12th 2019 Maryland Boating Education Course and Drowning Prevention:
* Monday and Tuesday at St. Mary's College 47645 College Drive St. Mary's City, MD 20686
* On Water Disciplines: Tall Timber Marina 18521 Herring Creek Road Tall Timbers, MD 20690

____ July 22nd – 26th 2019 All Classes and On Water disciplines: St. Mary's College
47645 College Drive St. Mary's City, MD 20686

____ August 5th – 9th 2019 Maryland Boating Education Course and Drowning Prevention:
* Monday and Tuesday at St. Mary's College 47645 College Drive St. Mary's City, MD 20686
* On Water Disciplines: Tall Timber Marina 18521 Herring Creek Road Tall Timbers, MD 20690

***Please note: Location Subject to Change. Students must be able to attend all classroom sessions on the St. Mary's College Campus and at the Tall Timbers Marina. The Maryland Safe Boating Education Course Exam is 65 multiple choice questions. If the student has any difficulties with testing, please let us know. All Students must arrive 10 minutes prior to class and be picked up at the time of scheduled dismissal.**

Fee: There is a \$100 non-refundable application fee. **SCHOLARSHIPS ARE AVAILABLE.**

**** Please make your check out to 'Sailing Center Chesapeake' and mail directly to:**

Sailing Center Chesapeake / Spirit of America Program
Attention Stuart Egeli P.O. Box 72 Tall Timbers, Maryland 20690

OR: Fees may be paid on line with the following Pay Pal link:

<http://sailingcenterchesapeake.org/spirit-of-america/>

RETURN APPLICATION TO: ** Send electronic application forms to:

saintmarys@spiritofamerica95.org

**** Send hard copy, written registration application forms to:**

Hannah and Noah Timmons 24460 Morgan Road Hollywood, Maryland 20636

Contact /Questions: Noah or Hannah Timmons, Program Coordinators:

SaintMarys@SpiritofAmerica95.org Noah (301) 247-6244 Hannah (410) 972-9633

Student Information

Student Name: _____ Birthdate: _____
First Middle Last

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____ / Text: _____

E-mail: _____

School: _____ Grade Completed _____

Parent/Guardian Signature: _____ Date: _____

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

Parent or Guardian Signature

Swimming Ability: ___ None ___ Fearful ___ Novice ___ Advanced (swim team etc)

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

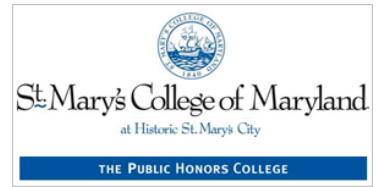
___ I would be interested in volunteering during the 2019 program:

- ___ Student check in / out
- ___ Photography
- ___ Volunteer Coordinator
- ___ Carpool Coordinator

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, Sailing Center Chesapeake (SCC) 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, SCC and Saint Mary's College of Maryland. Photo selection, cropping, and reproduction will be determined at the discretion of the Spirit of America Foundation, Sailing Center Chesapeake and St. Mary's College.

Signature of Parent or Guardian

Date

Spirit of America - 2019

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 is a participant or observer at an event at St. Mary's College of Maryland or location of the Spirit of America Foundation programs in Maryland, presented by Sailing Center Chesapeake for the Spirit of America Foundation and St. Mary's College.

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 _____ / TEXT: _____

**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 _____, 2019.

_____ Witness	_____ Date	_____ Signature	_____ Date
		_____ Printed Name	

My parents or guardians are aware that I am participating the Spirit of America program:

(circle) Yes No

Parent or guardian signature is required:

_____ Parent Signature	_____ Parent Printed Name
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SCC Liability Waiver

Parents Consent And Waiver of Liability - Assumption of Risk - Indemnity Agreement

We, the undersigned parents or legal guardians (hereafter referred to in the singular) of _____ (herein referred to as the “child”), request that the child be allowed to participate in the Sailing Center Chesapeake’s Summer Program Spirit of America (herein referred to as “the activities”).

This agreement shall remain in effect until Sailing Center Chesapeake receives written notice of the cancellation of the consent, or until the end of the activities described above.

In return for the child being permitted to take part in the activities and to use the facilities and property of Sailing Center Chesapeake, each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the program included in the activities, and I understand officers of Sailing Center Chesapeake are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day’s program. I will not allow my child to remain on the premises of Sailing Center Chesapeake or any property that the Spirit of America program is being presented by SCC, after each day’s program without appropriate supervision or the written permission of Sailing Center Chesapeake. I agree that the Sailing Center Chesapeake will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My child is in good health, and I know of no reason why he/she would be incapable of participating in the Spirit of America program activities. I will immediately notify the designated Sailing Center Chesapeake’s and Spirit of America program Coordinator’s, if a change in my child’s health or other condition would affect my child’s ability to participate in the activities.
3. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the Sailing Center Chesapeake and the Spirit of America Foundation, or any of its members, governors, officers, agents, instructors, and affiliated organizations (herein referred to as “the releasees”) for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child’s participation in the activities and use of the facilities and property of the Sailing Center Chesapeake and other property where the Spirit of America program will be officially hosted, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.

4. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a boat, sail or other powered watercraft on deep waters in potentially hazardous conditions which may include, among other things, sudden strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE SAILING CENTER CHESAPEAKE AND ADDITIONAL LOCATIONS WHERE THE SPIRIT OF AMERICA PROGRAM IS HOSTED, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

5. **INDEMNITY AGREEMENT:** I agree to indemnify and hold the releasees harmless from any loss, liability, damage or costs, including reasonable attorneys fees, they may incur due to my child's participation in the activities and use of the property and facilities of the Sailing Center Chesapeake and additional locations where the Spirit of America program is hosted, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releasees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

PARENT or LEGAL GUARDIAN

SIGNATURE _____

DATE _____ (Print Name)

Personal Information Release

I give permission for my name, address, phone number and email address to be made available to other parents of students involved in Sailing Center Chesapeake and to the Spirit of America Foundation activities for internal purposes, for the purposes of exchanging information, i.e. carpooling, event coordinating etc.

_____ Signature of Parent or Guardian

_____ Date