



# 2011 ROSEWAY'S TALL SHIP CAMP AUGUST 20 – 24, 2012

WORLD OCEAN SCHOOL P.O. BOX 51091 BOSTON, MA 02205  
TELEPHONE: 207.236.7482 EMAIL: wos@worldoceanschool.org

## Student Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel.: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Citizenship: \_\_\_\_\_

How did you hear about World Ocean School? \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ School Name: \_\_\_\_\_

Do you speak and understand English? \_\_\_\_\_

Parent or Guardian's Name	Alternate Emergency Contact
Address:	Address:
Tel.: ( ) Fax: ( )	Tel.: ( ) Fax: ( )
Email:	Email:
Occupation:	How do you know this person?
Employer:	

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Do you have any food restrictions or allergies?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cost:** \$625 per student – checks should be made to World Ocean School

### Payment and Refund Policy:

- A deposit for 50% is due with your completed registration form.
- The remainder of the fee is due on August 13.
- The deposit is refundable if cancellation is prior to July 13.
- After July 13, all payments are non-refundable.

Please send completed application to:

World Ocean School  
P.O. Box 51091  
Boston, MA 02205



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## ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, AND AGREEMENT OF RELEASE AND INDEMNITY

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The success of the program in which you (or son, daughter or ward) are participating depends to a large extent on good communication among all parties involved, including school and parents and guardians of students under 18 years of age. It is important to World Ocean School that you understand the nature of its programs and that you be informed regarding certain issues including risks and limitations of liability. Your signature below reflects certain understandings and, with respect to adult students and parents and guardians, certain agreements. The school, parent or guardian makes these agreements for himself or herself individually, and on behalf of the minor student. "I" and other first person references, below, are to the minor and adult student and to the school or parent or guardian unless indicated otherwise.

For and in consideration of being allowed to participate in the World Ocean School Program for which I (or my child or ward) have enrolled, I understand and agree as follows:

I am aware that certain risks and dangers may be encountered during the program in which I (or my child or ward) will be participating, offered by World Ocean School, its agents and associates. Some of these risks include, but are not limited to, the hazards of sailing aboard a traditionally rigged schooner along the eastern seaboard, launching - sailing and rowing the ship's dories, accidents or illnesses at sea distant from medical facilities; the unpredictable forces of nature; acts of terrorism, and travel by air, train, automobile, boat or other means of conveyance. These risks may result in the loss of property, personal injury, including emotional trauma, and in extreme cases even death.

I understand that members of the staff of World Ocean School have been available to answer any questions I might have regarding these or any other items which describe the World Ocean School program.

I acknowledge and assume the risks described above and all others associated with the activities in which I, or my students, child or my ward, will be participating and accept full responsibility for my, or the child's safety, personal property and well-being in encountering such risks.

As an adult student or, and as parent or guardian of a minor student, individually and on behalf of that minor student, I agree, to the fullest extent allowed by law as follows:

1) to release World Ocean School, its trustees, agents, representatives, officers, directors, employees, owners, independent contractors and all others associated with it, and the owners of properties on which World Ocean School activities may take place (the Released Parties), from any right, claim or cause of action which I, or the minor student may have for any injury, damage or loss to person or property arising from my (or the minor student's) enrollment or participation in any activity of World Ocean School. Such rights, claims or causes of action include those for personal injury, wrongful death, emotional trauma, property damage, products liability (including strict liability), breach of warranty or contract, or any other legal theory, except the gross negligence or intentional wrongs of World Ocean School.

2) to defend, hold harmless and indemnify World Ocean School and other Released Parties from any claim, and from any liability, loss damages or expenses (including attorneys' fees) resulting from a claim, including one brought by a fellow student, rescuer, a member of my, or the minor student's family, or any other person asserting a loss in any way related to my or the child's participation in the activities of World Ocean School.

3) I am aware that The World Ocean School is a charitable corporation located in Camden, County of Knox, Maine U.S.A. All matters relating to or arising out of or involving in any way my (or my student's son's, daughter's or ward's) relationship with World Ocean School shall be governed by the substantive laws of the State of Maine and any mediation or suit shall be filed only in the State of Maine. If a dispute with World Ocean School cannot be amicably resolved, I agree to submit the matter to mediation before a mutually agreeable mediator recognized by Maine courts, in an effort to avoid suit. I agree to pay all costs and attorneys' fees incurred by World Ocean School in defending a claim or suit if the claim or suit is withdrawn or to the extent a court determines that World Ocean School is not responsible for the claim, injury or loss.

If any part of this agreement is found to be invalid, the remainder of the agreement nevertheless shall be of full force and effect. The terms of this Acknowledgment and Assumption of Risks, and Release and Indemnity Agreement are binding upon me, my heirs, executors, administrators and all members of my family.

**Please sign one of the below—whichever is appropriate to your position.**

X \_\_\_\_\_  
STUDENT SIGNATURE DATE

X \_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE (IF STUDENT IS UNDER 18) DATE

\_\_\_\_\_  
PRINTED NAME OF STUDENT (AND PARENT OR GUARDIAN IF STUDENT IS UNDER 18)



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## To be completed by the applicant General Information

### Applicant

Name \_\_\_\_\_ Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 Gender  Male  Female City/State/Zip \_\_\_\_\_  
 Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height \_\_\_\_\_ ft. \_\_\_\_\_ ins. Daytime Telephone # (\_\_\_\_) \_\_\_\_\_  
 Weight \_\_\_\_\_ lbs. Evening Telephone # (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Daytime Telephone # (\_\_\_\_) \_\_\_\_\_  
 Evening Telephone # (\_\_\_\_) \_\_\_\_\_  
 Cell Phone # (\_\_\_\_) \_\_\_\_\_

### Physician

Name \_\_\_\_\_  
 Telephone # (\_\_\_\_) \_\_\_\_\_  
 FAX # (\_\_\_\_) \_\_\_\_\_

### Do you speak/understand English?

Yes  No

**Insurance Information** Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance. Please attach a photocopy of both the front and back of your insurance card.

The following questions must be answered for our records: **DO YOU HAVE INSURANCE?**  Yes  No

Insurance Company \_\_\_\_\_ Policy/Certificate # \_\_\_\_\_

Prescription Plan # \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

### Signature Required

**Consent is hereby given for the applicant to attend a World Ocean School program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which may become necessary.**

All information will remain confidential. You should know that a student with a variety of medical/psychological difficulties can successfully complete our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow students.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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## A. Allergies (Including allergies to medicines, foods, insect bites/stings) PLEASE PRINT CLEARLY

NONE  or...

Allergy <small>List Below</small>	Reaction	Medication Required <small>(if any)</small>

## B. Medications You Are Currently Taking PLEASE PRINT CLEARLY

(If psychiatric medication, please list any taken within the past 2 months)

NONE  or... please list any medications you are using, including psychiatric, over-the-counter, & inhalers

Medication <small>List Below</small>	Taken For <small>Symptom/Condition</small>	Dosage <small>Size/Frequency</small>	Date Started	Current Side Effects <small>(if any)</small>

**NOTE:** If you are currently taking a medication, bring double amounts in separate, non-breakable, waterproof containers, along with dosage instructions.

## C. Immunization

World Ocean School recommends that all of its participants have a current tetanus immunization (w/in 10 years).

## C. Swimming Ability (Check One)

- Non-Swimmer     
  Cannot swim more than 100 yards     
  Moderate Swimmer  
 Strong Swimmer     
  Current Lifesaving Certificate