



GAP YEAR PROGRAM ABOARD ROSEWAY

P.O. Box 701 CAMDEN, MAINE 04843 U.S.A.
TELEPHONE: 207.236.7482 EMAIL: wos@worldoceanschool.org

I am applying for: November to May June to October Both

Application

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 of World Ocean School? _____

Age: _____ Are you currently enrolled in university? _____ If yes, which one? _____

Do you speak and understand English? _____

Mother's Name	Father's Name
Address:	Address:
Country	Country
Tel.: () Fax: ()	Tel.: () Fax: ()
Email:	Email:

Please list the activities in which you have been, or are currently, involved (i.e sports, music, volunteerism, art, church, clubs, leagues, etc.)

What are your hobbies (i.e. what do you like to do for fun?)

Do you have now, or have you recently had a job? _____ If yes, what is the nature of the work?



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What, if any, sailing or boating experience do you have? (NOTE: World Ocean School does not require students to have previous sailing or boating experience.)

What do you imagine might be the most rewarding aspect of the program for you personally?

What do you imagine might be the most challenging aspect of the program for you personally?

Are you currently on any medication?

If yes, please list: _____

Do you have any medical conditions that may impact your participation in this program (this does not necessarily preclude you from participation in the program)?

If yes, please explain: _____

ESSAY: Please attach a one page essay, addressing the following:

- why you feel this particular gap year program is a good fit for you
- what you hope to gain from living and working aboard Roseway
- what contribution you feel you can make to the World Ocean School and the communities we serve

I understand that if I am admitted to the World Ocean School Gap Year Program, the use and or abuse of alcohol, tobacco, and illegal drugs is prohibited by the U.S. Coast Guard and will not be tolerated during the program. I agree to be responsible in reporting such incidents either of my own or my fellow students to a crew member. I understand that if I participate in the use of any of the above I will be dismissed immediately as well as incur any cost associated with early termination.

I give World Ocean School the right to contact the persons identified in this application and verify the accuracy of the statements made and the information given.

I have completed this application myself.

Signed: _____ Date: _____



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Check List:

- Completed Application
- Written essay
- Completed medical form signed by physician
- Signed release form

**YOU ARE
REQUIRED TO
HAVE A PASSPORT.
IF YOU DO NOT
ALREADY HAVE
ONE, THIS CAN
TAKE UP TO 8
WEEKS TO
PROCESS. PLEASE
ARRANGE FOR
THIS AS SOON AS
POSSIBLE.**



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

The success of the program in which you are participating depends to a large extent on good communication among all parties involved. 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 certain agreements. You make these agreements for yourself individually. "I" and other first person references, below, are to you unless indicated otherwise.

For and in consideration of being allowed to participate in the World Ocean School Program for which I 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 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 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 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 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 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 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.

X
STUDENT SIGNATURE _____ DATE _____

PRINTED NAME _____



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Confidential **Medical Record**

INSTRUCTIONS

Please fully complete and have signed by your doctor or physician. We may require further evaluation by a physician in order for you to fully participate. If you choose to not proceed with the recommended follow-up, you may have the option of limited participation (based on our assessment of your medical constraints). Please return the form, regardless of what choice you make.

PART I: General Information

APPLICANT	
Name _____	Daytime Telephone # (____)_____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Evening Telephone # (____)_____
Age _____ DOB ____/____/____ SS# ____-____-____	FAX # (____)_____
Address _____ Apt. _____	email _____
City/State/Zip _____	Do you speak/understand English? Yes <input type="checkbox"/> No <input type="checkbox"/>
EMERGENCY CONTACT	PHYSICIAN
Name _____	Name _____
Relationship _____	Telephone # (____)_____
Daytime Telephone # (____)_____	FAX # (____)_____
Evening Telephone # (____)_____	email _____
INSURANCE INFORMATION	
Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance. Please answer the following questions for our insurance records:	
DO YOU HAVE INSURANCE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insurance Company _____	Policy/Certificate # _____
Prescription Plan # _____	Telephone # (____)_____

PART II Medical Information

A. Allergies (Including allergies to medicines, foods, insect bites/stings) NONE or...

Allergy	Reaction	Medication Required (if any)

B. Current Medications (Including psychiatric medication, over-the-counter medication, inhalers) NONE or...

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects



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PART III: Health Profile

#	Please <input type="checkbox"/> one--If yes, describe below	Y	N	#	Please <input type="checkbox"/> one--If yes, describe below	Y	N
1.	Seizure within the past 1 year			5.	Medical Device, e.g., hearing aid/prosthetic device		
2.	Hospitalization/Emergency Room/Urgent Care visit within the past 1 year			6.	Neck/Back/Shoulder/Knee /Ankle or other orthopedic problem		
3.	History heart attack, by-pass/angioplasty/angina			7.	Currently Pregnant		
4.	Other cardiac conditions, e.g., heart murmur or other rhythm abnormality			8.	Other medical issues/illnesses/symptoms/requirements		
#	Describe						
#	Describe						

PART IV: Cardiovascular Evaluation

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed high blood pressure, even if being controlled with medication
<input type="checkbox"/>	<input type="checkbox"/>	Smoker
<input type="checkbox"/>	<input type="checkbox"/>	Diabetic requiring medication
<input type="checkbox"/>	<input type="checkbox"/>	Known abnormally high cholesterol level or on a diet or medication for a lipid abnormality
<input type="checkbox"/>	<input type="checkbox"/>	Family history (parent/sibling) of heart attack, coronary artery by-pass/angioplasty, or sudden, unexplained death before age 55
<input type="checkbox"/>	<input type="checkbox"/>	Unexplained chest pain/pressure, shortness of breath, heart palpitations, sweats/exertional dizziness/faint spells

PART V: Signature Required

All information will remain confidential. Participants with a variety of medical/psychological difficulties can successfully work for our program, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

I will be working aboard the schooner Roseway for the World Ocean School and I give permission for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary.

Applicant's Signature	____/____/____ Date
Parent/Guardian Signature (if applicant is under 18 years of age)	____/____/____ Date

I attest that this individual has had a thorough examination and that the information provided in this form is true and correct.

Physician Signature	_____ date
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