

ACCESSAIL REGISTRATION FORM 2010

For participants who are not legally competent, this form must be signed by a guardian, or other legally authorized representative.



Student Information:

Student Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____ Sex: M F Date of birth: _____

Responsible Party for Billing Purposes (or ACCESSAIL sponsor):

Name: _____
Billing Address if different from above: _____
City: _____ State: _____ Zip: _____
Contact & Phone: _____ Comments: _____

Emergency Contacts:

First Contact

Name: _____
Relationship to Student: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Second Contact

Name: _____
Relationship to Student: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Statement of Medical Condition & Consent for Medical Treatment

I attest to the fact that I am in good health and that there is no medical condition that precludes my involvement in any of the programs of the Duxbury Bay Maritime School (DBMS). I grant permission to DBMS and its employees to administer medical treatment that may be deemed necessary in event of injury or illness.

Signature: _____
Date: _____

Consent, Waiver & Indemnity Agreement

THIS FORM MUST BE READ AND SIGNED BEFORE ANY STUDENT PARTICIPATES IN ANY DUXBURY BAY MARITIME SCHOOL PROGRAM. BY SIGNING THIS AGREEMENT, THE STUDENT AFFIRMS HAVING READ IT. I hereby agree to participate in all programs and activities of the Duxbury Bay Maritime School, including transportation to and from events, if needed. I understand that there are risks inherent in sailing, sailboat racing, rowing, kayaking and other water-based and land-based programs and that accidents can occur on the water as well as on land during any DBMS program. Such accidents can result in serious injury and death. I do for myself, my personal representatives, family, heirs and assigns, knowingly and freely waive all claims against and release and discharge DBMS and its officers, directors, agents, employees and volunteers from any and all liability, loss, damage, and expense which may result from participation in DBMS programs. I agree I will properly wear a U.S. Coast Guard approved life vest at all times, while participating in DBMS on-the-water programs. DBMS reserves the right to photograph participants for publicity purposes.

Signature: _____
Date: _____

Health, Medical & Emergency Information

Primary Care Physician Name: _____ Phone: _____
Health Insurance Carrier: _____ Policy Number: _____
Describe student's challenges and how the instructor may optimize the experience for this student:

Does student take prescription drugs regularly? Y N
If yes, explain: _____

Does student require special accommodations (trunk support, etc.) in order to participate fully in any activity?
 Y N If yes, explain: _____