



Sea Tow Foundation for Boating Safety & Education

BOATING CAMPS

2009 Summer Program Application

Fee: \$250 (includes t-shirt)



Child's Name: _____ Male/Female _____ Date of Birth: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Swimming Ability _____ T-shirt size: Youth / Adult
(s / m / l / xl)

Home Phone: _____ Cell Phone: _____

Emergency Contact (Name and Phone): _____ Relationship _____

I enclose a \$50 deposit (Payable to Sea Tow Foundation) per child, per week for:

My child will attend:	Dates	Camp	Ages	Cost	Amount
	June 29 - July 3	Youth Boating Camp Week 1	Ages 10-15	\$250	
	July 6 - 10	Buccaneer Camp Week 1	Ages 7-11	\$250	
	July 13 - 17	Youth Boating Camp Week 2	Ages 10-15	\$250	
	July 20 - 24	Buccaneer Camp Week 2	Ages 7-11	\$250	
Note: Campers are required to bring a life jacket to camp. It is recommended that they wear bathing suits, water shoes, and sunblock, and bring water. A swim test will be conducted the first day of camp. Make up days for rain will be held the week of July 27-31.				Less Deposit	
				Total due	

Please charge my credit card:(MC/Visa/Amex) cc#: _____ expires: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____ Signature: _____

NY State Safe Boating Course: (Check if your child already has their Safe Boating Certificate _____)

Yes, I give permission to enroll my child, who is 10 years of older, in the hands-on safe boating course. My child will learn navigation, boat handling, and how to be a safe, responsible boater. Successful completion of this class will result in a New York State Safe Boating Certificate. I understand that this course is incorporated into the week's activities, will not detract from any group activities and is offered at no additional fee.

Photo Release: I, _____, give my permission for Sea Tow Boating Safety and Education Foundation to use photographs or video of my child taken during camp for their advertising or promotional use either via their website or for print advertising.

Liability Release and Consent: I hereby acknowledge that I fully understand the nature of boating, both on the water and land based, and state that my child is in good health, and in proper physical condition to participate in such activity. I fully understand that boating involves risks and dangers of serious bodily injury. I hereby release, discharge, and covenant not to sue Sea Tow Boating Safety and Education Foundation, the East End Rowing Institute, their administrators, directors, agents, officers, volunteers, and employees, any sponsors, advertisers, and if applicable, owners of the premises on which the activity takes place, from all liability, claims, demands, losses, damages on my account or caused or alleged to be caused in whole or in part by the negligence of the release or otherwise, including negligent rescue operations.

Printed Name of Parent/Guardian: _____

Address: _____ City: _____ State _____ Zip: _____

Sea Tow Foundation for Boating Safety and Education
Medical Information and Emergency Medical Treatment Authorization Form
2009

Camper _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father's Name _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Facts concerning the Camper's medical history the coaches and a medical service provider should know:

Allergies: _____

Medications taken daily or routinely: _____

Any physical impairments or other pertinent medical information:

Medical Insurance Co. _____ Policy # _____

In an emergency, the coaches will first attempt to contact the Camper's parents, and then will attempt to contact the following individuals so s/he may help us in our efforts to contact the Camper's parents:

Name/relationship to Camper: _____ Phone: _____

We, the Camper's parents, authorize Sea Tow Boating Safety and Education Foundation and the East End Rowing Institute, its coaches and other independent contractors and its employees to contact the following medical care providers and hospital if they believe emergency medical treatment is appropriate:

Physician's Name: _____ Phone#: _____

Dentist's Name: _____ Phone#: _____

Local Hospital of choice _____ Phone # _____

MEDICAL TREATMENT AUTHORIZATION: *If neither of the Camper's parents is available after the coach has called the phone numbers provided, we authorize:*

1. The administration of any treatment deemed necessary by the medical care providers we have specified, or if s/he is not available at the time treatment is appropriate, by another licensed physician or dentist; provided that no major surgery may be performed unless the opinion another licensed physician or dentist concurring in the necessity for that surgery is first obtained.

2. The transfer of the Camper to any reasonably accessible hospital.

Parent or legal guardian: _____ Date: _____

Parent or legal guardian: _____ Date: _____

NO AUTHORIZATION: We do not consent to any emergency medical treatment of our child, other than life saving measures, without our specific authorization.

Parent or legal guardian: _____ Date _____

Parent or legal guardian: _____ Date _____