



## Volunteer Crew Registration Form

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

VOYAGE DATES: \_\_\_\_\_ DEPARTURE PORT: \_\_\_\_\_

ARRIVAL PORT: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ HAVE YOU SAILED BEFORE? PLEASE DESCRIBE: \_\_\_\_\_

DO YOU HAVE ANY FOOD ALLERGIES/RESTRICTIONS? \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS YOU ARE ON, OR WILL BE BRINGING WITH YOU:

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBERS: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

PASSPORT ISSUE DATE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

### **PAYMENT INFORMATION:**

Once your registration has been approved, you will be asked to make a 50% deposit for your voyage either by check or credit card. If you cancel up to 1 week before departure, there is no charge. Thereafter, only half of your deposit will be refunded. The balance due will be paid upon departure.

**World Ocean School is required to get complete medical information for each crew-member and to have this form signed by a physician or PA.** Keep in mind that you will be offshore for multiple days and an honest appraisal of your health and ability to weather challenging conditions is imperative.

**PART I General Information**

<b>Applicant</b>	
Name _____	Address _____ Apt. # _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	City/State/Zip _____
Age _____ DOB ____/____/____	
Height _____ ft. _____ ins.	Daytime Telephone # (____) _____
Weight _____ lbs.	Evening Telephone # (____) _____
Email _____	Social Security # _____ - _____ - _____
<b>Emergency Contact</b>	<b>Physician</b>
Name _____	Name _____
Relationship _____	Telephone # (____) _____
Daytime Telephone # (____) _____	FAX # (____) _____
Evening Telephone # (____) _____	<b>Do you speak/understand English?</b>
Cell Phone # (____) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Insurance Information</b> <i>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.</i>	
<p style="text-align: right;"><b>The following questions must be answered for our records: DO YOU HAVE INSURANCE?</b> <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No</p> <p>Insurance Company _____ Policy/Certificate # _____</p> <p>Prescription Plan # _____ Telephone # (____) _____</p>	
<b>Signature Required</b>	
<p><i>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.</i></p> <p>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.</p>	
_____ Physician's Signature	_____ Date
_____ Applicant's Signature	_____ Date



**B. Allergies**

(Including allergies to medicines, foods, insect bites/stings) **PLEASE PRINT CLEARLY**

NONE  or...

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

**C. 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>	<i>Taken For</i> <small>Symptom/Condition</small>	Dosage <small>Size/Frequency</small>	Date Started	<i>Current Side Effects</i> <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.

**D. Immunization**

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

**E. Hospitalizations/Emergencies/Urgent Care** **PLEASE PRINT CLEARLY**

NONE  or... please list any hospital, emergency department, or urgent care visits within the past 2 years

Date of Visit/Admittance	Reason	Length of Stay


**F. Swimming Ability** (Check One)

Non-Swimmer

Cannot swim more than 100 yards

Moderate Swimmer

Strong Swimmer

Current Lifesaving Certificate

**G. Blood Pressure** (Must be taken within 6 months of voyage departure)

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

Date Taken \_\_\_\_\_

IF BP is over 150/90, please take a second reading:

Second Reading \_\_\_\_\_ / \_\_\_\_\_

Date Taken \_\_\_\_\_ / \_\_\_\_\_

**WORLD OCEAN SCHOOL**  
**ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, AND**  
**AGREEMENT OF RELEASE AND INDEMNITY**

The success of the voyage 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 are informed regarding certain issues including risks and limitations of liability. Your signature below reflects certain understandings and certain agreements. You makes these agreements for yourself individually.

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. Any questions I have had have been fully answered to my complete satisfaction.

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 physical and emotional safety, personal property and well-being in encountering such risks.

As an adult, I hereby 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 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 reasonable attorneys' fees) resulting from a claim, including one brought by a fellow adult, rescuer, a member of my family, or any other person asserting a loss the proximate cause of which is my 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 or the Released Parties 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 or the Released Parties in defending a claim or suit if the claim or suit is withdrawn or to the extent a court determines that World Ocean School or the Released Parties is not responsible for the claim, injury or loss.

