

SUNY Maritime College

Waterfront Program Registration Form

Contact Information:

Name: _____ Date of Birth (MM/DD/YY): _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address (if different than above): _____
 Home Telephone #: (____) _____ Work Telephone #: (____) _____
 Cell/Pager #: _____ E-Mail: _____@_____
 Emergency Contact: _____ Relationship: _____ Tel. #: (____) _____

How did you hear about us? Advertisement Web Site Alumnus Previous Customer
 Direct Mailing Other: _____

Course/Program Information:

Participants Name	Course	Date(s)	Cost
_____	_____	_____	_\$125_
_____	_____	_____	_\$125_
_____	_____	_____	_\$125_
_____	_____	_____	_\$125_
			Subtotal.....\$_____
			Less Discounts.....(\$_____)
			Late fee (\$25 per person) ..\$_____
			(for registration received less than a week before a course begins)
			Tax Deductible Donation.....\$_____
			Total.....\$_____

Payment Information:

Check # _____
Please make checks payable to: Maritime College Waterfront Fund

Credit Card # _____ - _____ - _____ - _____ Security Code ___ (Visa (Mastercard

I hereby authorize Maritime College to charge my credit card for the amount of \$_____

X: _____ Date: _____
 Cardholder's Signature

Participant Background Information:

Current Occupation: _____
Job Position/Student Employer/College/School

Current Employer:
Name: _____ Position: _____
Yacht Club/Sailing School/Camp

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Name of Supervisor: _____

Are you required to use safety boats in your program? Yes ___ No ___

Are you currently a member of US Sailing? Yes ___ No ___ Membership #: _____

Safety
Can you swim? Yes ___ No ___

Do you have any learning or physical disabilities that would prevent you from fully participating in this course? No ___ Yes ___ Please describe: _____

Reasons for Taking this Course (Please Check All that apply)

___ In preparation for taking a US Sailing Small Boat Level I Instructor Course at:
Host Organization: _____ City, State: _____ Dates: _____

___ As a follow-up/POI after having taken a US Sailing Instructor or Camp Counselor Course at:
Host Organization: _____ City, State: _____ Dates: _____

___ To obtain a State Boating Safety Certificate in the state of: _____

___ To become a Powerboat Instructor and teach Powerboat Courses

___ To gain expertise in Safe Powerboat Handling Skills for personal use

___ As a follow-up to having complete other formal training through:

	Host Organization	City, State	Dates
___	State Safe Boating Course	_____	_____
___	USCG Auxiliary	_____	_____
___	US Power Squadron	_____	_____
___	Military	_____	_____
___	Community Facility	_____	_____
___	Other	_____	_____

Liability Waiver

The Safe Powerboating Handling Course Candidate assumes full responsibility for any loss or damage, exception loss or damage covered by insurance, that may come to any person, pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation of the Navigation Rules and racing rules, and other acts of sailors, or other representatives of the host location in connection herewith. The Course Candidate further agrees to hold US Sailing, SUNY Maritime College, and their representatives harmless for personal injuries and/or property damage. The Course Candidate also accepts that powerboating and the conduct of this course entail and are subject to certain inherent risks and accepts all risks on land and at sea of participation in this program.

Signature of Course Candidate: _____ Print Name: _____

Signature of Parent or Legal Guardian: _____ Print Name: _____
(if participating is under 18 years of age)

To register make sure to include:

- 1.) Completed and signed registration form (3 pages)
- 2.) Check payable "SUNY Maritime College" or credit card information
- 3.) Completed and signed Medical and Emergency Information Form (1 page)
- 4.) Signed Statement of Understanding (1 page)
- 5.) Completed Power Boat Self Assessment Form (1 page)
- 6.) Mail or fax to:

Rob Crafa, Director of Waterfront Programs
SUNY Maritime College
6 Pennyfield Avenue, McMurray Hall
Throggs, Neck, NY 10465

Fax: 718-409-6112

Questions: Contact Rob Crafa at 718-409-7460 or rcrafa@sunymaritime.edu

Medical and Emergency Information

Name: _____ Date of Birth (MM/DD/YY): _____ Sex: M__ F__

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers - Home: (____) _____ Work: (____) _____ Cell: (____) _____

Physical Handicaps (Please specify missing or injured body parts, weakness, eyeglasses, contact, hearing aids, etc.): _____

Please check (X) those that apply: (Provide necessary details on reverse side of this sheet)

Chronic Ailments	Allergies
Asthma or other respiratory problems	Medication
Diabetes or Hypoglycemia	Bee Sting/Insect Bites
Circulatory or Heart Problems	Foods:
Epilepsy	Others, if significant:
Other:	

Date of Last Tetanus Shot (MM/DD/YY): _____ Blood Type: _____

Current Medications (if any): _____

Physician Who Conducted Your Most Recent Physical Examination:

Physician	Phone Number	Date of Last Exam

Health Insurance Carrier	Insurance ID/Policy Number

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned can not be reached.

In Case of Emergency Call:

Name	Relationship	Phone Number

Signature of Applicant: _____ Date: _____

Please Print Name: _____

(If under 18 years old signature of parent or legal guardian)

Statement of Understanding

This Powerboating Course is an exciting and demanding challenge, and you need to be aware of what will be involved and be willing to study and practice to achieve success.

You will be required to provide your own Type III personal floatation device (PFD) or use one provided for you. The PFD must be U.S. Coast Guard approved and the proper size for your weight and build. It should be comfortable, since you will be wearing it at all times while you are on or near the water. You must wear closed toed shoes at all times while you are in the boats, on the piers, or in the boat launching area. Bring a change of clothes and a towel since there may be Victim Retrieval Demonstrations or other in-the-water activities. Other helpful supplies may be suggested by a local host.

Please complete and bring to the course the enclosed Medical and Emergency Information form, Safety Boat Skills Self Assessment form as well as this Statement of Understanding.

Please carefully read and then sign the following agreement(s). **Also , if you are under 18, have your parent or legal guardian read and sign the second agreement.**

Powerboat Course Student Agreement

I understand that in enrolling and participating in this Powerboat Course I agree to obey all directives set forth by the Powerboat Instructor. I agree that I will use the utmost care in the use of the boats and equipment. I understand that if I fail to arrive promptly and abide by the directives, I may be suspended from this Powerboat Course.

Student Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Agreement

I/We understand the contents of this Statement of Understanding and agree to see that my/our child adheres to them. I/We agree to assume the obligation of the expenses of repair and/or replacement of course equipment and/or facilities whose loss or damage is attributable to my/our child's reckless or irresponsible behavior.

Further, in consideration for my/our minor child being permitted to enroll in this Powerboat Course, I/we agree to not make any claim, either for myself/ourselves or on behalf of my/our child against US Sailing, The Junior Sailing Association of Long Island Sound, their representatives, or the host organization, its officers, members or staff, for any personal injuries or wrongful death to such child, or for damage to any of the child's property, arising out of the activities of this course.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Power Boat Skills Self-Assessment Form

<i>With boat at dock, all systems off, fuel line disconnected or shut off -</i>	Skilled	Some Skill	No Skill
Check all items on pre-departure checklist			
Get boat underway			
Operate throttle, shift and steering			
In open water, execute high speed and controlled speed boat handling as directed by instructor			
Anchor boat, cast off anchor line with float attached to end of anchor line, return and recover anchor			
Secure boat, unassisted, to mooring buoy by passing line through buoy ring and cleating back to boat			
Position boat upwind or upcurrent of buoy facing downwind/downcurrent. Hold boat close to buoy by throttle, shift and steering			
Rotate boat in own length with throttle, shift and steering			
Retrieve a floatation device (simulating overboard rescue)			
Land alongside dock facing downwind or downcurrent			
Turn boat around at dockside using only lines and fenders			
Moor boat in starting position for long stay, shut down engine and systems, disconnect or turn off fuel line, and stow equipment			

The powerboats I am most familiar with are:

- | | Type/Design | Length | Horsepower | Activity/Use (i.e. fishing, launch operator) |
|-----|-------------|--------|------------|--|
| 1.) | _____ | _____ | _____ | _____ |
| 2.) | _____ | _____ | _____ | _____ |
| 3.) | _____ | _____ | _____ | _____ |

Based on the above, I judge my safety boat handling skills to be:

- Highly skilled. Anticipate no problem passing on-the-water testing
- Skilled, but may need some brushing up in the areas indicated
- Skills rusty, not sure can perform required skills; need considerable practice
- No or little experience in safety boat handling.