

22 Years

Coastal Discoveries

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55 Hay Street, Newbury, MA 01951
Tel. 978-462-8859 Fax. 978-499-7735
www.coastaldiscoveries.com

2010 Application.....Fee \$435.00 per week

Name: _____ M/F _____ Age: _____ DOB _____

Parent/Guardian _____

City/Town/Zip: _____

E-Mail _____

Emergency telephone# _____ HomePhone: _____

Swimming Ability _____ (non, beginning, intermediate, advanced)

Enclosed is deposit of \$ _____ or please provide credit card inf., (MasterCard or Visa)

Credit card # _____ Expiration date: MM/YY _____

Name on card _____

Billing address for card _____

Check Here if same as home address: _____

And my choice of the following week/weeks.....

June 21-25 _____ July 26-30 _____ **TEENS ONLY!!**

June 28-July 2 _____ Aug. 2-6 _____

July 5-9 _____ **TEENS ONLY** Aug. 9-13 _____

July 12-16 _____ Aug. 16-20 _____

July 19-23 _____ Aug. 23-27 _____

Note: Teens may attend any week, or "Teens only" weeks.

Mass. State Safe Boating Course (must be 12 or older). Check if already completed _____

I give permission to enroll my child who is 12 years old or older in the Mass. State Safe Boating Course. Taught aboard the boat, my child will learn navigation, boat handling, and how to be a safe, responsible boater. Successful completion of this class with a passing score will result in a Mass. State Safe Boating Certificate issued by the Mass. Environmental Police. I understand this course is incorporated into the weeks activities, will not detract from any group activities and is offered at no additional fee. X _____

Photo release: I give permission for Coastal Discoveries 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.

X _____

T-Shirt order: I would like my child to receive a Coastal Discoveries T-Shirt, adult sizes,

SM _____ **MED** _____ **LG** _____. **Please add \$15.00 per shirt** with your deposit payment.

Medical release and consent: I authorize any attending physician to administer emergency care to my child in the event of injury while participating in Coastal Discoveries. I understand that my child is participating in this program under his/her own risk. My child has permission to participate in camp activities held aboard the Erica Lee II and on the program's additional boats which may include dories and a small skiff. I will not hold Coastal Discoveries responsible should injury or loss occur.

X _____

List any allergies or medications that need to be taken during program hours or any special needs your child may have. _____

Thank you for being part of our Coastal Discoveries' 22nd year on the water.