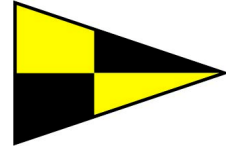


**Lincolnton Boat Club**  
PO Box 305  
Lincolnton, ME 04849  
975-4916



## APPLICATION FOR ADULT CLASSES

### Personal Information (over 18 years of age)

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

e-mail \_\_\_\_\_

How did you hear about the Lincolnton Boat club?

### Adult Class Choice

These courses run in the evenings from 5 to 7:30

#### Women's class

\_\_\_ **Session A1** Every Tuesday  
July 6 to Aug 17

#### Adult class

\_\_\_ **Session A2** Every Thursday  
July 8 to Aug 19

#### Ocean sailing

\_\_\_ **Session A3** Every Wednesday  
July 14 to Aug 18

The cost of evening sessions are \$240 per sailor. The fee is due with this application.

### Mail Application, Emergency Medical Form, and Check to:

Program Director  
Lincolnton Boat Club  
PO Box 305  
Lincolnton, ME 04849

## **Liability Waiver**

### **Statement of Understanding**

By signing below, I acknowledge that I understand that I will be embarking on a sport that may involve some risk of injury. I understand I must abide by certain rules of the Sailing Program which will be explained to me by the instructors and that if I act in such a way as to put myself, any others, or any of the equipment or property of Lincolnville Boat Club in jeopardy, that I will be subject to removal from the program and the grounds of Lincolnville Boat Club. I agree to reimburse Lincolnville Boat Club for damage to any property, whether owned by Lincolnville Boat Club, Town of Lincolnville, or a private party that is caused by my willful misconduct or carelessness.

I understand that the I must provide and or wear certain equipment when participating in the Sailing Program including a personal floatation device approved by the USCG and which must be worn at all times during program lessons, foot protection, and adequate clothing for cold and/or rainy days.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Code of Conduct**

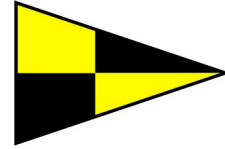
The goal of this program is to teach safe seamanship, to sail and be comfortable on the water. We hope to instill a lifelong love for sailing and healthy respect for the water.

In order to accomplish this, we ask all students, instructors and parents follow this Code of conduct:

1. Treat everyone fairly and with respect
2. We will treat Lincolnville Boat Club and its property with care / respect
3. We will promote the sport of sailing
4. Be cooperative and respectful
5. Obey our instructors
6. We will use appropriate language.

Consequences for breaking the program code of conduct will result in the student being asked to leave the program for the year.

Lincolnvile Boat Club  
PO Box 305  
Lincolnvile, ME 04849  
975-4916



## EMERGENCY MEDICAL FORM

### Personal Information

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

### Primary Contact or Parent/Guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### Alternate Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### Medical Information

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Please list any health/learning problems that might affect you or your participation in this program:

\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Acct #: \_\_\_\_\_

### Medical Waiver

I understand that a reasonable attempt will be made to contact the above individuals should an emergency arise, but in the event that Lincolnvile Boat Club is unable to reach any of the names above, I give permission to transport me to the nearest source of emergency care and to administer necessary and appropriate medical care.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_