

THE Maryland School

OF SAILING & SEAMANSHIP

@ Lankford Bay Marina • Rock Hall, Maryland
Business Mail: P.O. Box 6 • Railroad, PA 17355

Phone: 410-639-7030 • Fax: (717) 235-0908 • E-mail: office@mdschool.com • www.mdschool.com

Personal Data

In preparation for your training cruise _____

please furnish the following information by _____:

First Name _____ Last _____ Email address: _____

H. Phone _____ W. Phone _____ Cell Phone: _____

Address: _____

City _____ State _____ Zip _____

Birth Date: M _____ D _____ Y _____ Citizenship _____

If this cruise takes you out of the US, provide passport number: _____

Your name as it appears on passport: _____ Expiration: _____

Emergency Contact _____ Phone _____

Contact's E-mail Address: _____

Street _____

City _____ State _____ Zip _____

Personal Physician _____ Phone _____

Street _____

City _____ State _____ Zip _____

As stated in the refund policy, we recommend that you purchase travel insurance to cover your course fees in case you must cancel since, for a 106 or 108 training cruise, payments made are non-refundable and non-transferable. Have you purchased Travel Insurance?

_____ Yes

_____ No, but I intend to.

_____ No, I prefer to take risk of forfeiting the fees paid if I must cancel.

Health

1. Describe your overall state of health with details on your specific areas of concern. Attach additional information as required.

2. You will find yourself in challenging physical conditions on this cruise. Offshore sailing is serious business, and safety is of primary concern. It is important that we are fully aware of the physical limitations of all crewmembers. Describe below any limitations to your physical ability **keeping in mind that you will need to maintain balance, move around and accomplish tasks under difficult conditions including a rolling, pitching and wet deck in cold, dark and windy conditions with boarding seas and limited hand and foot holds.**

3. What medications do you take? _____

4. Do you smoke? _____

5. Height: _____ Weight: _____

6. What is your intended arrival day and time for your cruise? _____

Zero Tolerance Drug Policy

Are you aware that no illegal substances are allowed aboard the vessel to be used for this passage; that this vessel maintains a zero tolerance policy; that the owner and operators of this vessel will not tolerate possession or use of illegal substances by anyone while onboard this vessel?

Yes, I understand and agree to abide by this policy:

Signature

Date

Sailing Experience

1. Total years of boat and ship experience in sailboats, powerboats, the Navy, sea scouts or other:

_____.

2. Total days in boats of each size range:

____ Days in sailboats 10 to 20 feet in length.

____ Days in sailboats 20 to 30 feet in length.

____ Days in sailboats 30 to 40 feet in length.

____ Days in sailboats over 40 feet in length.

____ Days in other types of boats or ships.

3. Total days as Captain of boats of each size range:

____ Days as Captain of sailboats 10 to 20 feet in length.

____ Days as Captain of sailboats 20 to 30 feet in length.

____ Days as Captain of sailboats 30 to 40 feet in length.

____ Days as Captain of sailboats over 40 feet in length.

____ Days as Captain of other types of boats or ships.

4. Total days of sailing in each of the following types of waters:

____ Days in non-tidal lakes, streams & rivers.

____ Days in tidal bays & rivers; daylight.

____ Days in tidal bays & rivers; nighttime.

____ Days in tidal bays & rivers; beyond sight of land.

____ Days ocean sailing; beyond sight of land; 48 hrs or more.

5. Boat presently owned: _____.

6. Boats previously owned:

Year from _____ to _____; type _____.

Year from _____ to _____; type _____.

Year from _____ to _____; type _____.

Year from _____ to _____; type _____.

7. Boats chartered & where sailed. Were you Captain? (Please note that when more than one person sails a boat at the same time, only one of them can claim that time as Captain.)

<u>Year</u>	<u>Boat</u>	<u>Where</u>	<u># Days</u>	<u>As Captain?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Please rate your skill level on a scale of 1 to 10 (1 is none; 10 is expert) for each of the following items:

____ Sail handling; trimming.

____ Rigging; deck hardware.

____ Mechanical; electrical.

____ Electronics; radio.

____ Navigation; coastal or celestial.

____ Charts; publications.

____ Other

9. Please rate your *mobility* on a scale of 1 to 10 (1 is none; 10 is high mobility) to perform the following activities on a rolling, pitching sailing yacht while underway. If you have not performed these specific tasks, please give your best estimate based on other similar tasks you have performed:

____ Kneel down and crawl on hands and knees on a pitching, rolling deck

____ Climb out of the cockpit with harness attached onto the side deck and go forward to perform a task

____ Climb up onto the coach roof to work on the mainsail

____ Climb a stern ladder down into the seawater and up again to the deck.

10. Sailing Courses taken (School, type boat, duration, waters sailed, certifications received).

Questions 11 & 12 apply only to American Sailing Association (ASA) Certifications:

11. Which ASA Certifications, if any, do you presently have?

ASA 101 ____ 103 ____ 104 ____ 105 ____ 106 ____ 107 ____ 108 ____

Other: _____

12. Which ASA Certifications, if any, do you wish to complete during this cruise? _____

13. Professional field of work: _____

14. Is there anything else that we should know about your sailing experience that would help us in evaluating your skills?

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Physician's Certificate

This is to certify that I, _____
(Physician's name)

practicing _____
(Medical field)

in the State of _____ have had
_____ under my care for _____ years.
(patient's name)

This patient will be under challenging physical conditions on a small yacht in the open ocean and will be required to move around and accomplish tasks under difficult conditions including a rolling deck in windy conditions with limited hand and foot holds. With this in mind, please complete the following:

The last date that I examined him/her was _____ and I found him/her
_____ (to be/not to be) in suitable health for an ocean voyage on a small sailing yacht.

Please list any medical conditions that the yacht Captain should be aware of concerning this patient:

Please list any drugs currently prescribed for this patient including any specifically required to be in his/her possession for this voyage and the conditions and guidelines for their use.

Patient's Age _____ Height _____ Weight _____

(Physician's signature)

(Date)