

**COASTAL DISCOVERIES**  
20 Columbia Way, Newbury, MA 01951  
**Sign-ups: Beth Abbott-Bishop 978-462-2017**  
**2019**  
**APPLICATION**  
\$495 PER WEEK

NAME \_\_\_\_\_ M/F \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Street/City/Town/Zip \_\_\_\_\_  
e-mail \_\_\_\_\_  
Emergency Tel # \_\_\_\_\_ Home Tel.# \_\_\_\_\_

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Swimming ability \_\_\_\_\_ (non, beginner, intermediate, advanced).  
Enclosed is deposit of \$ \_\_\_\_\_ or please provide credit card info– MasterCard, Visa, AMEX  
Credit card # \_\_\_\_\_  
Exp. Date (MM/YY) \_\_\_\_\_ Security Code \_\_\_\_\_  
Name on card: \_\_\_\_\_  
Billing address for card: \_\_\_\_\_  
Amount to put on card: \_\_\_\_\_

**MY CHOICE OF WEEK/WEEKS**

<b>June 24-28 Age 8 &amp; up</b> _____	<b>July 29- Aug. 2 Age 8 &amp; up</b> _____
<b>July 1-5 (Fishing Session ages 9+)</b> _____	<b>Aug. 5-9 Teens 12+</b> _____
<b>July 8-12 Teens 12+</b> _____	<b>Aug. 12-16 Age 8 &amp; up</b> _____
<b>July 15-19 Age 8 &amp; up</b> _____	<b>Aug 19-23 Age 8 &amp; up</b> _____
<b>July 22-26 Age 8 &amp; up</b> _____	<b>Aug 26-30 Age 8 &amp; up</b> _____

**Photo Release:**

I give permission for Coastal Discoveries to use photographs or video of my child taken during the week 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: Yes \_\_\_\_\_ No \_\_\_\_\_  
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 the program under his/her own risk. My child has permission to take part in all activities held aboard the Erica Lee II and on the programs 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 JOINING US FOR OUR 31<sup>st</sup> YEAR ON THE WATER~~