

**COASTAL DISCOVERIES**  
20 Columbia Way, Newbury, MA 01951  
**Sign-ups: Beth Abbott-Bishop 978-462-2017**  
**2018**

**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 25-29 Age 8 &amp; up</b> _____          | <b>July 30- Aug. 3 Age 8 &amp; up</b> _____ |
| <b>July 2-6 (Fishing Session ages 9+)</b> _____ | <b>Aug. 6-10 Teens 12+</b> _____            |
| <b>July 9-13 Teens 12+</b> _____                | <b>Aug. 13-17 Age 8 &amp; up</b> _____      |
| <b>July 16-20 Age 8 &amp; up</b> _____          | <b>Aug 20-24 Age 8 &amp; up</b> _____       |
| <b>July 23-27 Teens 12+</b> _____               |   |

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

I give permission for my child to take the Mass. State Safe Boating Course during their time on the Erica Lee II.  
**X** \_\_\_\_\_

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 30<sup>TH</sup> YEAR ON THE WATER**~~