

Coastal Discoveries  
55 Hay Street  
Newbury, MA 01951

Tel. 978-462-8859 Fax. 978-499-7735

2009 Application.....Fee \$435.00 per week

Name: \_\_\_\_\_ M/F \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

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

E-Mail \_\_\_\_\_ HomePhone: \_\_\_\_\_

Emergency telephone # \_\_\_\_\_

Birth date: \_\_\_\_\_ Must be 9 or older Swimming Ability \_\_\_\_\_

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 \_\_\_\_\_

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

June 22-26 \_\_\_\_\_ July 27-31 \_\_\_\_\_ TEENS ONLY!!

June 29-July 3 \_\_\_\_\_ Aug. 3-7 \_\_\_\_\_

July 6-10 Teens Only \_\_\_\_\_ Aug. 10-14 \_\_\_\_\_

July 13 -17 \_\_\_\_\_ Aug. 17-21 \_\_\_\_\_

July 20-24 \_\_\_\_\_ Aug. 24-28 \_\_\_\_\_

Note: Teens may attend any week, not just the specified teen 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 helping us grow for the past 21 years.