

# 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

(104 USVI)

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 \_\_\_\_\_

Employer \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Health

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

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2. You may find yourself in challenging physical conditions on this cruise. 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 sometimes difficult conditions including a rolling, wet deck in windy conditions with limited hand and foot holds.**

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3. What medications do you take? \_\_\_\_\_

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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>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 ability on a scale of 1 to 10 (1 is none; 10 is expert) to perform the following activities on a rolling sailing yacht while underway:

\_\_\_ Kneel down and crawl on hands and knees on a 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).

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**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 student may be under challenging physical conditions on a small yacht and will be required to move around and accomplish tasks under sometimes 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 a 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)