

THE Maryland School

OF SAILING & SEAMANSHIP

@ Lankford Bay Marina • Rock Hall, Maryland
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Personal Data

(Bay 101-103-104-Docking)

Please complete, sign & return to us by _____ Class: _____

First Name _____ Middle Initial _____ Last _____

H. Phone _____ W. Phone _____ Cell Phone _____

Email _____ Date of Birth _____

Street _____ Apt # _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

Street _____ Apt # _____

City _____ State _____ Zip _____

Personal Physician _____ Phone _____

Address: _____

City _____ State _____ Zip _____

Health

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

2. It is important that we are fully aware of the physical limitations of all crewmembers. Please describe below any limitations to your physical ability keeping in mind that you will need to maintain balance, move around and accomplish tasks both above and below deck while underway.

3. What medications, if any, do you take?

4. If you have prior boating experience or have taken a sailing class, please indicate below.

5. Which ASA Certifications, if any, do you already have? _____

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

7. Do you plan on sleeping "on board"?

Yes _____ No _____ Undecided _____

8. What is your intended arrival day and time for your class? _____

Zero Tolerance Drug Policy

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

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

Signature

Date