



Water Planet Young Scientist Program

aboard the *Yankee Clipper*
54 Merrimac Street, Newburyport, MA 01950
978.463.2233 www.boatcamp.org

2008

Fee \$245 (per child/includes t-shirt)

Name: _____ Male/Female _____ How did you learn about us? _____

Mailing Address: _____

City _____ State _____ Zip _____ Email for confirmation _____

Home Phone: _____ Daytime/ Emergency Phone: _____

Birthdate (mm/dd/yy): _____ (**MUST** be 9 or older) Swimming Ability _____

I enclose a \$150 deposit (Payable to BOAT CAMP, Inc.) per child, per week for:*

August 11 to 15 _____ August 18 to 22 _____

The Young Scientist Program runs M-F from 8:30 a.m. to noon.

* If necessary, refunds will be made at our discretion.

(OR) Please charge my credit card:

Total Amount
Enclosed/Charged:

\$ _____

(MasterCard, Visa or Discover) number _____ expires (MM/YY) _____.

The name on the card is _____ and the billing address is _____.

Photo Release: I, _____, give my permission for BOAT CAMP, Inc. 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.

Medical Release And Consent:

I, _____, authorize any attending physician to administer emergency care to my child in the event of injury while participating in BOAT CAMP. 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 *Yankee Clipper* and/or *Erica Lee*. I will not hold BOAT CAMP Inc. responsible should injury or loss occur.

Signed: _____

List any allergies or medications that need to be taken during program hours, or any special needs your child may have.
