

# NEW HAMPSHIRE BOAT MUSEUM

## 2012 FAMILY BOAT BUILDING

Classes Run: Monday - Saturday • Course Hours: 8:30 AM to 3:30 PM  
 July 9 - July 14  
*Space is limited*

The New Hampshire Boat Museum offers this program for a team of parent(s) or grandparent(s) and child, or an adult, to assemble the boat project they select. We will supply all the tools, supplies and expertise to help you build your boat. At the end of the session, a special launching on Lake Wentworth will be held to celebrate the completion of the craft.

6 Hour Canoe



Kayak



Bevin's Skiff

- **Six Hour Canoe:** A one person plywood canoe
- **Kayak:** One person plywood kayak  
Longer to accommodate teens thru their growing years
- **Bevin's Skiff:** A 12 foot skiff that will accommodate several adults and can be adapted to handle a small outboard motor.

***To Order Kit Call 603-569-4554***

For further information contact Hank Why at [hwhy@nhbm.org](mailto:hwhy@nhbm.org)  
 or call 603-569-4554

### APPLICATION

Course Registration for Members \$30 - for Not-Yet Members \$60  
*Required of all participants*

**Kit purchase to be ordered by Museum - Kit payment must be received by May 15**

- One-Person Canoe \$895     
  One-Person Kayak \$1095     
  Bevin's Skiff \$1295

Course Registration Fee - Member \$30.00	_____
Course Registration Fee - Not-Yet Member \$60.00	_____
Kit price	_____
<b>Total Due</b>	_____

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Make Checks Payable to: NHBM**  
*Mail Check, Application and Medical information sheet to:*  
**Boat Building**  
**New Hampshire Boat Museum PO Box 1195 Wolfeboro Falls, NH 03896**

## 2012 NHBM WAIVER FORM - FAMILY BOAT BUILDING

Family Name \_\_\_\_\_

Child(children)'s Name(s) \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone \_\_\_\_\_ Email \_\_\_\_\_

Winter Mailing Address \_\_\_\_\_

I do hereby give my permission for our family to participate in the Family Boat Building program which is sponsored by the New Hampshire Boat Museum. I assume all risks and responsibilities incidental to our family's participation, including transportation to and from the activity(ies). Furthermore, I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the New Hampshire Boat Museum and the paid and volunteer employees of this organization for any injury or death which may result from the participation of the person(s) named on this form in this activity.

Signature primary guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

Signature secondary guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

### MEDICAL INFORMATION FORM

To help ensure the safety and welfare of all children participating in the NHBM YouthFamily programs, we are requesting that this form be completed as part of the registration process.

#### IN CASE OF EMERGENCY PLEASE NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### INSURANCE INFORMATION We do/do not have family medical insurance.

Name of Company \_\_\_\_\_

Our family Doctor is: \_\_\_\_\_ Phone \_\_\_\_\_

#### MEDICAL INFORMATION

Asthma Fainting spells Epilepsy Diabetes Heart trouble Convulsions Other \_\_\_\_\_

Allergy (describe) \_\_\_\_\_

Reaction to medication(s) (type/frequency) \_\_\_\_\_

Other: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

My child has difficulty with (please circle): eyes, ears, nose, throat, lungs Other (describe): \_\_\_\_\_

#### PARENT AUTHORIZATION:

This health history is correct to the best of my knowledge and the person(s) have/has my permission to take part in all prescribed activities of this/these programs. In the event that none of the above-named persons can be reached in an emergency, and only in the case of an emergency, I hereby give my permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

( parent or legal guardian)