

# NEW HAMPSHIRE BOAT MUSEUM

## YOUTH BOAT BUILDING 2020

August 3-14, 2020 · Monday - Friday · 9 AM - 3 PM (10 DAY SESSION)  
Ages 12+ · DEADLINE TO APPLY IS JULY 3, 2020 · SPACE IS LIMITED

During this 10-day session (two weeks, Monday - Friday), students will learn the safe use of hand and a limited number of small power tools to assemble their boats. Prior to taking their boats home, students and their immediate families will gather for a picnic followed by a boat launching on Lake Wentworth.

Scholarships are available for those with financial need.

- **CANOE:** Two-person canoe, 400lbs Max
- **KAYAK:** One-person kayak
- **BEVIN'S SKIFF:** a 11'6" skiff that will accommodate several adults and can be adapted to handle a small outboard motor



### *Application*

TWO-PERSON CANOE - \$795     ONE-PERSON KAYAK - \$995

BEVIN'S SKIFF - \$1,295

COURSE REGISTRATION:     Members - \$40     Not-Yet- Members - \$70

**PAYMENTS MUST BE RECEIVED BY JULY 3, 2020** (a late fee may be assessed after this date)

Total Due: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

**QUESTIONS OR CONCERNS? CONTACT MARTHA CUMMINGS AT (603) 569-4554 OR MARTHA@NHBM.ORG**

Please make checks payable to **NHBM** and mail with completed application and medical waiver to:  
Boat Building/New Hampshire Boat Museum · PO Box 1195 · Wolfeboro Falls, NH 03896

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## 2019 MEDICAL WAIVER FORM YOUTH BOAT BUILDING

Child Participant's Name \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

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

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

I do hereby give my permission for our child to participate in the Youth Boat Building program which is sponsored by the New Hampshire Boat Museum. I assume all risks and responsibilities incidental to my child's participation, including transportation to and from the activity(ies). Furthermore, I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the NH 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*

To help ensure the safety and welfare of all children participating in the NHBM Youth Boat Building program, 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: (please circle all that apply)

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/LEGAL GUARDIAN 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 \_\_\_\_\_