



ABM Course Registration Form

Student Information

Name: _____ DOB: _____ Male ___ Female ___

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of parent/guardian: _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work / Cell: _____

Insurance Information

Carrier: _____ Identification #: _____

Policy Holder's Name: _____ Relationship: _____

Employer: _____

Medical Information

Physician's Name: _____ Phone #: _____

Please list any medical conditions that would impede participation (including hearing & eyesight):

Please list any allergies (medication or other):

Do you have any of the following conditions?

___ Heart condition/Hypertension ___ Diabetes

___ Asthma ___ Epilepsy/Seizures

___ Other: _____

Medications

Please list any medications you are currently taking: _____

Do you have an epi-pen or inhaler? _____

Do you have it with you? _____

ABM Course Registration Form - Continued

Please note that during some courses and programs at the Antique Boat Museum, students will be going out in a boat. The waiver below must be signed before any student may participate in an on-water activity.

Waiver of Liability

I do for myself, my executors or administrators, heirs and assigns, waive any and all claims as may accrue for me or them against the Antique Boat Museum arising from my and or my family's participation in any and all activities including participation with any of my family's boat(s) in any or all of the Antique Boat Museum education programs and any otherwise related activities. If a participant is less than 18 years of age, a parent or guardian shall be required to sign this release.

Signature: _____ Date: _____

Photography Release

The Antique Boat Museum often takes photographs or videotapes of courses and participants for use in Museum publications and marketing.

____ I do not object to the Antique Boat Museum using my picture or my child's picture in Museum publications and marketing.

____ I do object to the Antique Boat Museum using my picture or my child's picture in Museum publications and marketing.

Signature: _____ Date: _____

ABM Course Cancellation Policy

- Should you cancel more than 4 weeks before the start of the class you will receive a full refund.
- If you cancel between 2 and 4 weeks before the start of the course you will receive a credit toward a future course. The credit will be valid for one year.
- If you cancel within 2 weeks of the class, we regret that we cannot refund or transfer your payment.
- If ABM must cancel the course for any reason, we will notify you and refund your entire tuition.