



Registration Form

For Recreational, Licensing and Continuing Education Programs
To Complete Registration, Read Back and Sign Authorization

Name: _____
(Last)
(First)
(Middle Initial)
(Nickname)

Address: _____

City: _____ State/Country: _____ Zip: _____

Phone: Home: _____ Bus: _____ Ext _____ Cell: _____

Email: _____ Citizenship: _____

Date of Birth: _____ Male Female SS #: _____ Included Photo ID

Emergency Contact: _____ Phone: _____

Do you wish on-campus housing? Yes No Dates requested for housing _____ to _____

Do you have a chronic illness or handicap? Yes No If yes, please describe _____

How did you hear about Chapman School? _____

Course Name	Start/Finish Dates	Preferences Boat Handling Classes (CPC 200 & CPC1000 only)
	-	(Please check engine choice below). <input type="checkbox"/> Inboard Single <input type="checkbox"/> Inboard Twin <input type="checkbox"/> Outboard <input type="checkbox"/> Outboard Twin <input type="checkbox"/> I/O Single Note: All requests subject to vessel availability. The Chapman School will maintain the integrity of your program but cannot guarantee specific vessels. Certain conditions could result in a change in the size and engine choice of vessel available
	-	
	-	
	-	
	-	
	-	

THE AREA BELOW IS RESERVED FOR SCHOOL USE ONLY

Item	Amt. Due	Amt. Paid	Date Paid	Paid By	Balance Due	Processing:
Tuition Deposit			/ /	<input type="checkbox"/> CC <input type="checkbox"/> CK		Roster / /
Tuition			/ /	<input type="checkbox"/> CC <input type="checkbox"/> CK		Data Base / /
			/ /	<input type="checkbox"/> CC <input type="checkbox"/> CK		Accounting / /
			/ /	<input type="checkbox"/> CC <input type="checkbox"/> CK		Letter / /
			/ /	<input type="checkbox"/> CC <input type="checkbox"/> CK		Mail Books / /
Housing Fee			/ /	<input type="checkbox"/> CC <input type="checkbox"/> CK		Sevis / /
Total						

W/ Refund Date Paid / / CK # Housing Dep. Refund Date Paid / / CK #

4343 S.E. St. Lucie Blvd., Stuart, FL 34997 772-283-8130 / 800-225-2841 / FAX 772-283-2019
 email: info@chapman.org **Page 1 of 2** web site: www.chapman.org

To Complete Registration, Read Information Below and Sign Authorization

Agreement Reservations

Chapman School shall not be liable for failure to provide any of the training or equipment listed herein, or for the delay in providing such, where such failure or delay results from strike, riot, civil commotion, war, government regulations, unavoidable casualty, acts of God, weather or any other cause beyond the control of Chapman School. Chapman School reserves the right to make the changes in the course content as necessitated by changes in the marine industry. Further, the School does not discriminate on the basis of age, sex, religion, marital/familial status, handicap, race or ethnic group. To safeguard against infection from minor scrapes or punctures, we suggest obtaining a current tetanus booster before arrival on the campus.

Student Agreement

I have read the Chapman School brochure concerning the course I want to take, and understand the conditions, services, and curriculum under which I will receive training. In the event that I am the only student registered, the course may be restructured to satisfy my individual training needs on a reduced schedule or I will be rescheduled for a future class.

In the event that I am unable to attend the class for which I am registered the following change/refund policy will apply: 1. Where notice is provided to the School greater than 3 business days before the start of class to transfer my registration to a different class start date, a \$50.00 administrative change fee will apply. 2. Where notice is provided to the School greater than 3 business days before the start of class to cancel my registration I will be obligated for the non-refundable tuition deposit. 3. Where notice is provided to the School less than 3 business days before the start of class to transfer or cancel; or if I do not arrive for the scheduled class; or wish to withdraw from class, I may be obligated for the full amount of the tuition.

If I am pursuing licensing, I will be personally responsible for the accuracy of the Coast Guard License package.

Photographic Permission and Release

I grant permission and waive any rights of compensation for the use of my photograph (or artistic reproduction thereof) to Charles F. Chapman School of Seamanship Inc. for use in any school related media (photo, slide presentations, website, catalog, advertising etc).

Other Travel Considerations

If you are travelling to the School from outside of Florida we strongly suggest you purchase refundable air fares, or arrange trip cancellation insurance through your travel agent.

Release & Indemnity from Claims Arising Out Of Use of Equipment, Motors & Vessels

I, the undersigned, for myself, and my heirs, assigns and all those claiming by, through or under me, for and in consideration of being allowed the use of the equipment, motors, and vessels and the like owned by, maintained by or chartered to the CHAPMAN SCHOOL OF SEAMANSHIP, INC. or in consideration of training received on my own boat, being aware of risks inherent in using such items, hereby forever release and indemnify said CHAPMAN SCHOOL OF SEAMANSHIP, INC. from any loss, cost, bodily injury, property damage suit or claim arising out of the use of any equipment, motors or vessels, whether or not such loss, cost, bodily injury, property damage, suit or claim is based upon the sole negligence of CHAPMAN SCHOOL OF SEAMANSHIP, its full-time or part-time instructors or agents or otherwise.

I do hereby grant permission for treatment of myself by the MARTIN MEMORIAL HOSPITAL SYSTEM personnel and/or the physician on call. My family physician(s) is/are: _____

Registration Signature & Payment Authorization

Tuition Deposit (non refundable): \$_____ Housing Fee: \$_____ Check Enclosed: \$_____

I authorize the use of my credit card Mastercard Visa Discover Amex for amount \$_____

Acct #: _____ Exp. Date: ___/___ CVV Code _____

Cardholder's Name _____

Cardholder Billing Address: _____

Student Signature _____ **Date** _____

Signature of parent or guardian if under age _____ **Date** _____

Identification presented _____