

Registration Form

Private Instruction—Cape Cod

To Complete Registration, Read Back and Sign Authorization

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

Address: _____

City: _____ State/Country: _____ Zip: _____

Phone: (____) _____ Email: _____

Date of Birth: _____ Male Female Driver License # _____

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

Emergency Contact: _____ Phone: (____) _____

Preferred Dates of Training:

1st Choice: Start _____ Finish _____

2nd Choice: Start _____ Finish _____

Vessel address where training will occur:

Type of Vessel:

Engine Type

Length _____
 Beam _____
 Draft _____

Gas
 Diesel

Please check engine type below.

- Inboard - Single
 Inboard - Twin
 Outboard
 I/O

Insurance Company _____

Policy # _____ Agent Phone # _____

THE AREA BELOW IS RESERVED FOR SCHOOL USE ONLY

Item Charged	Amt. Charged	Amount Paid	Date 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 / /
Travel Time				<input type="checkbox"/> CC <input type="checkbox"/> CK		Accounting / /
Mileage				<input type="checkbox"/> CC <input type="checkbox"/> CK		Letter / /
Lodging				<input type="checkbox"/> CC <input type="checkbox"/> CK		Add'l Insured / /
Development Fees				<input type="checkbox"/> CC <input type="checkbox"/> CK		
Total						

W/D Refund _____ Date Paid _____ Ck# _____



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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.

Student Agreement

I agree to the private lesson syllabus previously provided concerning my course of training and understand the conditions and services which I will receive. A \$200.00 (non-refundable) tuition deposit is due with this registration form to confirm my booking for the private lesson. In the event that I cancel the private lesson at any time following initial registration, I will be obligated for the non-refundable tuition deposit. Tuition balance is due 10 days prior to the start of class.

Vessel Seaworthiness/Insurance Coverage

I agree to provide a vessel that is seaworthy for the intended use of training. In the event of any failure of the vessel to perform due to any unforeseen actions on either my part or the part of the Captain, then I will be entitled to a pro-rata refund determined on the ratio of the number of hours of instruction completed by the student to the total number of instruction hours in the course less any development fees or other expenses. In the event training should be canceled due to weather, then either another day will be rescheduled or pro-rata tuition, less any development fees or other expenses will be refunded within 30 days.

I confirm that my vessels insurance includes coverage for the Captain and crew for the duration of training and note that Chapman School of Seamanship also has insurance coverage for Captain and crew.

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, or in consideration of training received on my own boat, being aware of inherent risks 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, causes 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.

Registration Signature & Payment Authorization

Private Lesson Deposit: \$ _____ Check Enclosed:\$ _____

I authorize the use of my credit card (MasterCard Visa Discover American Express) in the amount of \$ _____ Acct. #: _____ Exp. Date: _____

Student Signature _____ **Date** _____

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

Identification presented _____

Official School Signature _____ Accepted Date _____