



VENTURE CREW 100
WESTBOROUGH MASSACHUSETTS
BVI SAILING ADVENTURE 2004

Please accept my reservation to participate with the other members of Venture Crew 100 in a high adventure sailing trip to the British Virgin Islands. I understand that the trip will require a commitment on my part to work with the group at all times. I also understand that there will be several evening meetings and sailing training trips, which I will be required to attend. I understand that it is a requirement to be as active as possible with the crew.

I have enclosed the deposit fee of two hundred fifty dollars (\$250.00) (checks payable to "Venture Crew 100") I will adhere to the payment schedules once established, and understand that, if I should withdraw myself from the trip, that any money paid will be transferable to another person, if possible, but not refundable.

Signature of participant: _____ Date: _____

Signature of parent if participant is under 21 years of age: _____

Authorization Form

(To be completed by parent or legal guardian for participants under 21 years of age)

I the undersigned, as parent or legal guardian of _____, hereby permit my daughter/son to participate in a **High Adventure Sailing Trip to The British Virgin Islands** from **Saturday, July 31, 2004** to **Saturday, August 14, 2004**. This authorization will also cover the required training and sailing trips, which will occur during the spring and early summer of 2004 and any travel time before and after the actual charter dates in the BVI.

I also authorize the available adult leadership to make any decisions concerning the safety and well-being of my son/daughter; and to perform and/or authorize medical personnel to perform any medical treatment on my daughter/son which may be necessary due to an accident or emergency which may occur in the event of an emergency, or if I cannot be contacted as indicated below.

WATER ACTIVITIES

In the event that the crew trip or activity takes place in total or in part on or near water, I certify that this Venturer is (check one):

- Non-swimmer beginner swimmer advanced swimmer BSA lifeguard

All such activities are to be conducted within the guidelines of the Safe Swim Defense, No. 34370A, and Safety Afloat, No. 34159C plans.

Signed: _____ Date: _____

(Parent or guardian)

Telephone numbers at which I may be reached in the event of an emergency:

☎ Phone: () _____

☎ Alternate: () _____