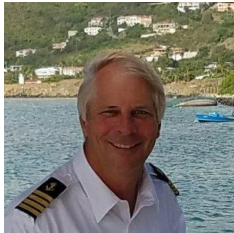




Sail the Bahamas

April 18 – 28, 2019

sailthebahamas.com



This spring, enjoy a week of sailing in the Bahamas aboard the 44' Lagoon catamaran "Sundance" leaving out of Ft. Lauderdale, Florida. Participants will enjoy sailing and snorkeling in some of the most beautiful waters in the world, traveling to and exploring the Bahamas. We did similar trips in 2009, 2011, 2012, 2013, 2014, two trips in 2015, two trips in 2016, 2017, and two trips in 2018.

Itinerary:

Departure – Thursday April 18, 2019, right after school,
drive to Tallahassee

Arrival in Ft. Lauderdale – Friday April 19

Sailing Saturday April 20 – Saturday April 27

Departing Ft. Lauderdale – April 27

Returning home – April 28

Cost:



The total trip cost is \$1300. Payment of \$800 is due immediately and required to hold your spot, and the remaining \$500 is due by April 10th. Participation is limited so do not delay. **Once committed, your payments are non-refundable.** This is a shared-cost trip. Cancellations for any reason threaten the financial viability of the trip for the entire group.



Contacts:

Dan Zwerg, USCG Licensed Captain, 228-327-4557, dzwerg@ststan.com

Bob Sayle, 2285-671-9176, rsayle@ststan.com

Scott Shaffer, Fun in the Sun Yacht Charters, 954-463-7911, scott@funinthesunyachts.com

What to Bring:

- Passport
- Consent to Travel Letter
- Medical Insurance information
- Spending money
- Medication (give to Mr. Zwerg)
- Snorkel equipment – mask, snorkel, and fins
- Small flashlight
- Sleeping bag
- Several t-shirts, shorts and swim shorts or suits
- Pajama's- it can cool down considerably at night
- Flip flops
- Rain jacket – lightweight as it is still very hot
- Sunscreen – high SPF factor
- Hat – good idea to have a strap so it doesn't blow away
- Sunglasses
- Drinking cup - unique that you can identify as yours
- Towels and toiletries
- Camera
- Fishing rod and tackle box (optional).
- Good attitude!



What to Expect:

Ask Capt. Dan Zwerg to show you the photos from our previous trips, or visit sailthebahamas.com!

-----Cut Here-----

Commitment Form: (Please return to Dan Zwerg, 304 South Beach Blvd, Bay St. Louis, MS 39520)

“Yes, I want to Sail the Bahamas April 18 - 28, 2019! Enclosed or attached is my \$800 non-refundable deposit securing my reservation. I understand the balance of \$500 is due by April 10th.

Your name _____ Birth Date _____ Sex _____

Address _____ Email _____

Phone Numbers: Home _____ Cell _____

Parent's Name and Signature _____

Sail the Bahamas Trip
April 18 - 28, 2019

Registration, Liability Release and Emergency Information

Participant

Your name _____ Birth Date _____ Sex _____

Address _____ Email _____

Phone Numbers: Home _____ Cell _____

Can you swim approximately 50 yards, using any stroke, in sailing clothing and shoes? Yes No Not sure

Your previous sailing experience _____

What personal goals do you hope to achieve by taking this trip? _____

Assumption of Responsibility and Release of Liability

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, sailboard, equipment, pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the instructional program or host location in connection herewith. I accept that the sport of sailing and the conduct of this adventure are subject to certain inherent risks and assume all risks on land, air, and on the water of participation in this program. I further agree to hold Dan Zwerg, Robert Sayle, Fun in the Sun Yacht Charters, St. Stanislaus College and their representatives harmless for personal injuries and/or property damage.

Signature: _____ Date: _____
Applicant, or Parent/Guardian (if a minor)

Emergency Information

Do you have a history of, or do you currently have, any physical limitations that might prevent you from fully participating in this trip? Yes No If yes, please specify missing or injured bodily parts, weakness, eyeglasses, contacts, hearing aids, etc. _____

Do you have any learning disability that might prevent you from fully participating in this course? Yes No If yes, please specify _____

Please check any medical conditions that apply and provide any necessary additional information.

<p>Chronic Ailments:</p> <p><input type="checkbox"/> Asthma or other respiratory problems</p> <p><input type="checkbox"/> Circulatory or hear problems</p> <p><input type="checkbox"/> Diabetes or hypoglycemia</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Hemophilia or other bleeding problems</p> <p>Allergies:</p> <p><input type="checkbox"/> Insect bites</p> <p><input type="checkbox"/> Bee stings</p> <p><input type="checkbox"/> Foods</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Others, if significant</p>	<p>Additional Information</p>
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Current medications or pertinent information _____

Blood type _____ Date of last tetanus shot _____

Family physician name _____ Phone _____

Date of most recent physical examination _____

Where are your medical records kept? _____

Insurance carrier _____ Insurance ID# _____

Who should be notified in case of emergency?

Name _____ Relation _____

Phone: Home _____ Business _____ Cell _____

Name _____ Relation _____

Phone: Home _____ Business _____ Cell _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provision of the Education Law and/or Public Health Law and on the staff of any hospital holding a current operating certificate. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature: _____ Date: _____

Applicant, or Parent/Guardian (if a minor)