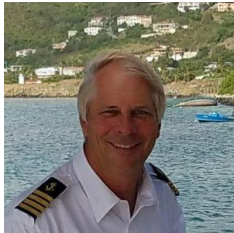




Sail the Bahamas

April 17-27, 2025

sailthebahamas.com



This spring, enjoy a week of sailing in the Bahamas aboard the 48' Leopard catamaran *Blue Moon* leaving out of Key Largo, Florida. Participants will enjoy sailing and snorkeling in some of the most beautiful waters in the world, traveling to and exploring the Bahamas.

Itinerary:

Departure – Thursday April 17, 2025, right after school, drive to Tallahassee
Arrival Key Largo – Friday April 18 or Saturday April 19
Sailing Saturday April 19 – Saturday April 26
Departing Key Largo – April 26
Returning home – April 27



Cost:



The total trip cost is \$1600. Payment of \$800 is due immediately and required to hold your spot, and the remaining \$800 is due by April 3rd. 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, dzweg@ststan.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 17-27, 2025! Enclosed or attached is my \$800 non-refundable deposit securing my reservation. I understand the balance of \$800 is due by April 3rd.

Your name _____ Birth Date _____ Sex _____

Address _____ Email _____

Phone Numbers: Home _____ Cell _____

Parent's Name and Signature _____

Sail the Bahamas Trip

April 17-27, 2025

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, Calypso 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)

PARENTAL CONSENT FORMS

FOR MINOR CHILDREN TRAVELING WITHOUT BOTH BIRTH PARENTS

In Addition To The Child's Citizenship Documentation, A Minor Child Under The Age Of 18 Must Have A Legal Guardian, Or Parental Consent Form From Their Birth Parents To Exit The United States And Enter Most Foreign Countries. Parents Should Complete One Of The Forms Listed Below For Each Minor Child Under The Age Of 18 (At The Time Travel Starts) To Prevent Immigration Problems When Entering Or Leaving The Country.

When The Form Is Completed, ONLY SIGN It In The Presence Of A Notary Public!

FORM #1 - Both Birth Parents Are Alive - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country or to allow the minor child to travel on their own with no guardian.

FORM #2 - One Birth Parent Is Deceased - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.

FORM #3 - Guardian For Minor Child - If both birth parent is deceased, or you have legal guardianship of minor child(ren) and WILL be traveling with the minor child(ren) you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of their guardianship papers to it.

Fill In the Forms Using the Codes Below

- a) The full name (*first, middle & last*) of the non-traveling parent(s) or legal guardian.
- b) The relationship of the non-traveling parent(s) to this minor child.
- c) The full name (*first, middle & last as shown on their citizenship documentation*) of the person you authorize to travel with this child.
- d) The relationship of this person to the minor child. (*Father, Mother, Uncle, Friend, Teacher, etc.*)
- e) The full name (*first, middle & last as shown on their citizenship documentation*) of the child.
- f) The child's age at the time travel begins.
- g) If the form requires, place the word "Me," "We," or "Us" in this space.
- h) Name only the countries listed on the child's itinerary they will be traveling to. (Bahamas, Mexico, etc.)
- i) The date travel is to start.
- j) The date child will be returning to the United States.
- k) Answer the Insurance, medical treatment and emergency notification section.

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____: [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] And Surviving Birth Parent Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without Me:

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 3 - GUARDIAN FOR MINOR CHILD • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

The Legal Guardian Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____: [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page