



## Application for Project SAIL

**Please circle the session and days for which you would like to apply**

**First session: September 11, 2017 – November 2, 2017 3:30 pm – 5:30 pm**

*Circle One*

*-Monday and Wednesday*

*-Tuesday and Thursday*

Please complete the following application and submit it to the Bayfront Maritime Center through email: [info@bayfrontcenter.org](mailto:info@bayfrontcenter.org), Fax: 814-459-1678, or mail: Bayfront Maritime Center, 40 Holland Street, Erie, PA 16507. Feel free to call 814-456-4077 with any questions, comments or concerns.

**Apprentices will be rewarded with a \$50 upon successful completion of the first 4 weeks of the program. Upon successful completion of the second 4 weeks of the program, Apprentices will receive another \$50.**

More information about the program is available at [www.bayfrontcenter.org/project-sail](http://www.bayfrontcenter.org/project-sail)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

High School \_\_\_\_\_

Grade Level \_\_\_\_\_

List any current extra-curricular activities \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of first teacher reference \_\_\_\_\_

At which school do they teach? \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of second teacher reference \_\_\_\_\_

At which school do they teach? \_\_\_\_\_

Phone Number \_\_\_\_\_

**List any previous work experience:**

**Have you ever participated in BMC's programming before? If so, which program?**

**Essay #1**

**Why do you want to be admitted into Project SAIL?**

**Essay #2**

**How do you think being a part of Project SAIL benefits your future goals?**

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**Student signature**

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**Parent/guardian signature**

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**Date**

**Please attach a copy of your most recent report card to this application.**

By signing above, you indicate that all information provided is true and complete to the best of your knowledge. In the event of acceptance, I understand that any false or misleading information given in this application may result in dismissal from Project SAIL. Having this form signed also constitutes permission for photos and/or videos of the participant to be used by BMC for marketing, publicity, and/or promotional purposes

RELEASE OF LIABILITY AND WAIVER AGREEMENT

In consideration of participation in any Bayfront Maritime Center programming, I acknowledge, appreciate and agree that:

1. I am engaging in activities held by the Bayfront Maritime Center, both on and off the water. I acknowledge that boating activities involves some physical risk. I will not bring action or claim in any incident, injury or loss occurring during participation in these activities;
2. I risk bodily injury, including disability and death as well as the risk of damage to and/or loss of property;
3. I knowingly and freely assume all such risks, both known and unknown;
4. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, hold harmless and promise not to sue, BMC or any of its officers, directors, agents or employees with respect to injuries or loss of property from my participation even though such injury or loss or property may arise out of negligence or carelessness on the part of the persons or entities mentioned above;
5. When on the water, I will wear a PFD (Personal Flotation Device) at all times;
6. I also give BMC permission to use photographs or video taken during BMC programming.

I have read this Release of Liability and Waiver Agreement, fully understand its terms and sign it freely and voluntarily.

Participant's Signature\_\_\_\_\_

Participant's Name (Printed)\_\_\_\_\_

Email\_\_\_\_\_

Phone Number\_\_\_\_\_

Date\_\_\_\_\_

**For Participants Under 18**

Parent/Guardian Signature\_\_\_\_\_

Parent/Guardian Name (Printed)\_\_\_\_\_

Date\_\_\_\_\_