

# COMMUNITY BOATING CENTER



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YOUTH  
PROGRAMS

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## WHO WE ARE

The Community Boating Center, Inc. (CBC) is a non-profit outreach and mentorship organization created to provide people from the Greater New Bedford area with challenging and enriching new experiences through boating.

Here at CBC, we strive to instill in the young, and continue to teach people of all ages, the value of integrity, sound judgment, teamwork and environmental awareness. We do this by offering educational opportunities and access to the marine environment, regardless of means, through instruction, mentoring and coaching.

## OUR MISSION

"To teach positive life values to youth through boating"

1641 Padanaram Avenue  
New Bedford, MA 02740





**PROGRAM OPTIONS - SELECT A PROGRAM BY MARKING AN "X" NEXT TO THE CORRESPONDING DATES (Up to 2 sessions per student)**

All Sessions will take place at CBC's site at 1641 Padanaram Avenue, New Bedford.

**Summer Youth Sailing**

Ages 7-17  
 Session Length: One week  
 Day Length: 8:30 AM-2:30 PM  
 Price: \$500.00 (\*\$400.00 for June 30-July 3)

This program is for all students, both those who are new to sailing and those who have a few summers of sailing experience. The goals of this class are to have fun on the water and to learn and/or build upon the basics of sailing. Students in this class will have the opportunity to sail with an instructor and small group or to sail in their own boat with an instructor driven safety boat alongside. This class is held in Quests, Laser Picos and Sonars.

Students are divided into smaller groups based on age and experience.

	*June 30 - July 3		July 28 - August 1
	July 7 - July 11		August 4 - August 8
	July 14 - July 18		August 11 - August 15
	July 21 - July 25		August 18 - August 22

**Sea Squirts**

Ages 5-6  
 Session Length: One week  
 Day Length: 8:30 AM-11:30 AM  
 Price: \$250.00 (\*\$200.00 for June 30-July 3)

This program focuses on creating a comfortable environment with the main goals being water safety and having fun! We mix sailing, games and swimming to help our Sea Squirts build confidence in and around the water.

We introduced a literacy component to this program in 2020 and every day, the group will read a Dr. Seuss book and participate in a related activity.

	*June 30 - July 3		July 28 - August 1
	July 7 - July 11		August 4 - August 8
	July 14 - July 18		August 11 - August 15
	July 21 - July 25		August 18 - August 22

**Learn to Windsurf**

Ages 9-17  
 Session Length: Two weeks  
 Day Length: 8:30 AM-11:30 AM  
 Price: \$500.00 (\*\$450.00 for June 30-July 11)

This program will work for anyone looking to learn how to windsurf. CBC has a wide variety of windsurf rigs to accommodate children of all sizes. You can't be too big or too small!

This course will cover the following: basic fundamentals of windsurf, how it works and understanding the science behind it; proper stance and footwork to accelerate learning; safety protocol with regards to rescue and gear use; tacking and gybing, maneuvering upwind and downwind; introduction to more advanced forms of windsurf; learning to have fun and go fast!

	June 30 - July 11		July 28 - August 8
	July 14 - July 25		August 11 - August 22

**Intermediate Windsurf**

Ages 9-17  
 Session Length: Two weeks  
 Day Length: Noon-3:00 PM  
 Price: \$500.00

For students who have mastered the basics of windsurf, this class is available, though pre-approval is required for registration. Call us at (508) 992-6219 if interested.

**COURSE CANCELLATION POLICY**

Cancellations made up to 30 days prior to the start of a course will receive a refund less an administrative fee of 25% of the course cost. Cancellations made 15 to 29 days prior to the start of a class will receive a refund less an administrative fee of 50% of the course cost. No refund will be given if cancelled within 14 days of the course.



**STUDENT INFORMATION (PLEASE COMPLETE ONE FORM FOR EACH STUDENT)**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last (Nickname)

Address: \_\_\_\_\_  
Number Street Name Apartment # City State Zip

Gender:  Male  Female  Non-binary/third gender  Prefer not to say

Home Phone: \_\_\_\_\_ Student E-Mail: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade in Fall 2025: \_\_\_\_\_

Previous CBC Student?  Yes  No If applicable, CBC Course(s) in 2024: \_\_\_\_\_

How did you hear about CBC?  School Flyer  Friend  Facebook  Email  Referral: \_\_\_\_\_  Other: \_\_\_\_\_

**PARENT/GUARDIAN/LEGAL REPRESENTATIVE INFORMATION - REQUIRED**

1<sup>ST</sup> Parent/Guardian Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Name Apartment # City State Zip

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2<sup>ND</sup> Parent/Guardian/Emergency Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION - REQUIRED (This is important for grant writing purposes!)**

- |  |   |  |
|--|---|--|
| Household Income:                              | Race/Ethnicity:                                 | Languages Spoken at Home:                    |
| <input type="checkbox"/> \$24,999 or less      | <input type="checkbox"/> African American       | <input type="checkbox"/> English             |
| <input type="checkbox"/> \$25,000 - \$49,999   | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Creole Cape Verdean |
| <input type="checkbox"/> \$50,000 - \$74,999   | <input type="checkbox"/> Caucasian              | <input type="checkbox"/> French              |
| <input type="checkbox"/> \$75,000 - \$99,999   | <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> Portuguese          |
| <input type="checkbox"/> \$100,000 - \$149,999 | <input type="checkbox"/> Multi-Racial           | <input type="checkbox"/> Spanish             |
| <input type="checkbox"/> \$150,000 - \$199,999 | <input type="checkbox"/> Native American        | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> \$200,000 or more     | <input type="checkbox"/> Other: _____           |  |
| <input type="checkbox"/> Prefer not to say     | <input type="checkbox"/> Prefer not to say      |  |

**FINANCIAL AID APPLICATION**

**IMPORTANT: To receive financial aid, one must fill out the CBC Financial Aid Application.**



**EMERGENCY MEDICAL FORM (REQUIRED)**

Please attach a copy of the student's latest immunization and physical examination report. (Doctors may fax this directly to CBC at (508) 999-3320 or email at cbc@communityboating.org.)

Name: \_\_\_\_\_  
Last First

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contacts: (Other than parents/guardians already listed on this form)

- 1. \_\_\_\_\_  
NAME RELATIONSHIP DAY PHONE circle: home / cell / work
- 2. \_\_\_\_\_  
NAME RELATIONSHIP DAY PHONE circle: home / cell / work
- 3. \_\_\_\_\_  
NAME RELATIONSHIP DAY PHONE circle: home / cell / work

Special conditions (Specify injuries, handicaps, weaknesses, eyeglasses, contacts, hearing aid, anxieties, fears, hyperactivity, learning disabilities and other health conditions, which will only be disclosed in the event of medical treatment and only to health care providers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any of the following that apply and provide necessary details on reverse side of this sheet.

**Chronic Ailments:**

- \_\_\_\_\_ Asthma or other respiratory problems
- \_\_\_\_\_ Diabetes or Hypoglycemia
- \_\_\_\_\_ Hemophilia or other bleeding problems
- \_\_\_\_\_ Circulatory or heart problems
- \_\_\_\_\_ Epilepsy

**Allergies:**

- \_\_\_\_\_ Medication
- \_\_\_\_\_ Bee stings/Insect bites
- \_\_\_\_\_ Foods: \_\_\_\_\_
- \_\_\_\_\_ Others, if significant (check and describe on back of form)

Date of last tetanus shot: \_\_\_\_\_

Current medications, if any: \_\_\_\_\_

Physician who conducted most recent physical examination:

Name	Phone Number	Date of Last Exam

Health Insurance Carrier	Insurance ID Number

Dentist who conducted most recent dental examination:

Name	Phone Number	Date of Last Exam

Dental Insurance Carrier	Insurance ID Number



**GENERAL RELEASE and INDEMNITY AGREEMENT (MUST BE SIGNED)**

I hereby give permission for \_\_\_\_\_ to participate in all programs and activities of the Community Boating Center, Inc. (CBC), including transportation to and from events. I understand that my child must pass a basic swim check in order to participate in a program however, I understand that the ultimate decision as to whether my child's swimming ability is sufficient for my child to safely participate in CBC programs and activities is mine. I have determined that my child is capable of participating in CBC programs and activities.

In making this decision, I understand that there are risks inherent in sailing, sailboat racing, rowing, kayaking and other water-based and land-based programs and that accidents can occur on the water as well as on land during any CBC program. Such accidents can result in serious personal injury including death and property damage.

Therefore, in consideration of my child's participation in CBC programs, I do for my child, myself, personal representatives, next of kin and assignees, knowingly and freely release, and discharge CBC, its officers, directors, agents, employees and volunteers from any and all liability including personal injuries, loss of property, damage and expense which may result from my child's participation in CBC programs even though such personal injuries or loss of property may arise out of negligence or carelessness on the part of the entity or persons mentioned above.

In addition, I do for my child, myself, personal representatives, next of kin and assignees, knowingly and freely agree and covenant to totally and completely defend, indemnify, and hold harmless the above described entity and persons from any and all claims, demands, actions, causes of action by any person with respect to personal injuries, loss of property, damage and expense from my child's participation even though such personal injuries or loss of property, damage and expense may arise out of the negligence or carelessness on the part of the entity or persons mentioned above.

I have read this General Release and Indemnity Agreement, fully understand its terms and sign it freely and voluntarily.

\_\_\_\_\_  
Parent or Guardian Signature    Parent/Guardian Name (Print)    Date

\_\_\_\_\_  
Student Signature    Student Name (Print)    Date

**MEDICAL WAIVER (MUST BE SIGNED)**

I, the undersigned parent/guardian, authorize the Community Boating Center, Inc., the officers, directors, and employees to sanction emergency medical treatment for the above named student if the parent/guardian listed below cannot be contacted at the time of an emergency.

\_\_\_\_\_  
Parent or Guardian Signature    Parent/Guardian Name (Print)    Date

**MEDICAL RELEASE AND INDEMNITY AGREEMENT (MUST BE SIGNED)**

Further, I hereby release the Community Boating Center, Inc., its officers, directors, employees, agents and volunteers from any and all claims, demands, actions or causes of action which I, my heirs, personal representatives or assignees have or may have arising out of obtaining or attempting to obtain each service, care and/or treatment. Further, I hereby promise and agree and covenant to totally and completely defend, indemnify, and hold harmless the above described entity and persons from any and all claims, demands, actions or causes of action by any person arising out of obtaining or attempting to obtain each such service, care and/or treatment, including but not limited to, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution and/or indemnification.

\_\_\_\_\_  
Parent or Guardian Signature    Parent/Guardian Name (Print)    Date

**PHOTO WAIVER**

I/We hereby grant permission to Community Boating Center, Inc. (CBC) or assignees ("Photographer") the irrevocable right and unrestricted permission with respect to photographic or video images of \_\_\_\_\_ (student's name) participating in CBC programs or in which my child may be included, to use and/or publish individually or in conjunction with any printed matter, in any and all media, and for any legal purpose whatsoever, including, but not limited to illustration, promotion, exhibition, publication, advertising and trade. Furthermore, I consider CBC the sole and complete owner of any such photographs or videos. I/we warrant I/we have the right to authorize these uses and hereby agree to hold CBC harmless of any and all liability in perpetuity.

\_\_\_\_\_  
Parent or Guardian Signature    Parent/Guardian Name (Print)    Date



**SAILING SAFETY POLICY AND STATEMENT OF UNDERSTANDING (MUST BE SIGNED)**

The sailing course you are about to begin is an exciting opportunity and challenge to develop sailing skills. Sailing takes place in an environment that is potentially dangerous. It is the responsibility of every student to act at all times with the safety of all foremost in their minds. These rules are intended to provide a safe and enjoyable sailing environment. The following rules are specific requirements that **shall** be followed at all times:

1. This form shall be completed, signed by a parent or guardian, and returned to CBC. The attached registration form, emergency medical form, immunization records and physical examination report, signed "Medical Waiver and Indemnity Agreement", signed "General Release and Indemnity Agreement", and signed "Sailing Safety and Statement of Understanding" shall be included with the application.
2. It is recommended that all students wear bathing suits and all are required to wear sneakers or other closed-toed shoes (that will get wet) to prevent injury. It is recommended that students bring other weather appropriate clothing such as a sweatshirt or light jacket, sunglasses, hat, and a towel. CBC encourages students to wear SPF 30+ sun block on all exposed skin to prevent sunburn.
3. Personal flotation devices (PFDs - life preservers) shall be worn (properly fitted and fastened, including a whistle) by all students and instructors at all times while on the water, docks, and floats.
4. Each applicant shall pass a basic swim check at the start of the program. The swim check will consist of treading water for 2 minutes and swimming 50 yards wearing a life jacket.
5. The above list cannot be comprehensive. When in doubt, all students must act in such a way that their personal safety and that of others is not jeopardized by their actions or lack of actions. The student understands that upon entering this sailing program he or she agrees to obey all program rules here and as set forth by the instructors, that I will use the utmost care in the use of the boats and equipment, and that I will not engage in any horseplay or other disruptive behavior.

**I have read the above Safety Policy and Statement of Understanding. I and the student agree to act in accordance with both the spirit and the letter of the rules.**

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Student Signature	Student Name (Print)	Date
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**Parental Agreement:**

I have read and understand the contents of this policy and statement and agree to ensure that our student adheres to the program rules. I agree to make, if requested, an appointment for a parent-instructor conference to address these rules. I understand that the Executive Director of CBC has the right to dismiss any student from the program if it is deemed by the Executive Director to be in the best interest of the student or of the program. If a student is dismissed under such circumstances, no refund will be given.

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Parent or Guardian Signature	Parent/Guardian Name (Print)	Date
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**TRANSPORTATION**

Bussing is provided for the 8:30am drop off and 2:30pm pick up only and is not available for students in the Sea Squirts program. (Routes are tentative and will be confirmed via phone before the program starts.)

MORNING \_\_\_\_\_ I will drive my child to CBC at 8:30am.  
 \_\_\_\_\_ My child will ride the bus to CBC: Bus Route \_\_\_\_\_ Stop # \_\_\_\_\_

AFTERNOON \_\_\_\_\_ I will pick up my child from CBC at 2:30pm.  
 \_\_\_\_\_ My child will ride the bus home from CBC: Bus Route \_\_\_\_\_ Stop # \_\_\_\_\_

If anyone other than a named parent or guardian will be picking this child up at CBC, we need your permission to release him or her to the following person(s) care. Please be sure to write everyone's name on this list. This will be strictly enforced.

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## BUS ROUTES AND STOPS

Stop	Route 1	Pick Up	Drop Off
1	Tremblay's Bus Co./284 Myrtle St	7:00am	
2	Acushnet Ave & Fieldstone Dr	7:12am	3:45pm
3	3057 Acushnet Ave (Child & Family Services at Parking Lot)	7:17am	3:50pm
4	Phillips Rd & Morton Ave (Campbell School)	7:19am	3:39pm
5	1121 Ashley Blvd (NB Voke in Front of Sign)	7:23am	3:36pm
6	Tarkiln Hill Rd & Orleans St (Normandin Middle)	7:26am	3:33pm
7	1911 Acushnet Ave (Wilks Library at Sign)	7:30am	3:29pm
8	Ashley Blvd & Glennon St (Lincoln School)	7:33am	3:26pm
9	County St & Peckham St (Hayden McFadden at Crosswalk)	7:37am	3:21pm
10	County St & Parker St (Parker School)	7:41am	3:18pm
11	County St & North St (St. Lawrence Church)	7:43am	3:16pm
12	County St & Court St (NB School Dept)	7:44am	3:15pm
13	County St & Allen St	7:46am	3:12pm
14	County St & Rivet St	7:49am	3:10pm
15	County St & Jouvette St	7:50am	3:09pm
16	Brock Ave & David St	7:53am	3:06pm
17	Brock Ave & Oaklawn St	7:55am	3:04pm
18	Kennedy Summer Day Program-1000 South Rodney French Blvd	8:00am	3:00pm
19	Community Boating Center, 1641 Padanaram Ave	8:10am	2:35pm

Stop	Route 2	Pick Up	Drop Off
1	Tremblay's Bus Co./284 Myrtle St	7:06am	
2	Mt Pleasant St & Rayno St (Across from Mt Pleasant Park & Ride)	7:14am	3:57pm
3	Mt Pleasant & Barrett St	7:18am	3:52pm
4	205 Buchanan St (Pacheco School, Buchanan St Side)	7:22am	3:50pm
5	Shawmut Ave & Durfee St	7:25am	3:46pm
6	230 Hathaway Blvd (NBHS at Sign)	7:28am	3:43pm
7	North St & James St (Boys & Girls Club)	7:32am	3:40pm
8	Court St & Tremont St (Hathaway School)	7:37am	3:36pm
9	Rockdale Ave & Hawthorn St	7:40am	3:33pm
10	Palmer St & Bedford St (Behind Winslow School)	7:41am	3:31pm
11	Oak St & Dartmouth St	7:45am	3:28pm
12	Hemlock St & Thompson St (Condon School)	7:46am	3:26pm
13	Dunbar St & Dartmouth St (Dunbar School)	7:48am	3:24pm
14	Hemlock St & Rockdale Ave (Storage Center)	7:50am	3:22pm
15	Kennedy Summer Day Program-1000 South Rodney French Blvd	8:00am	3:00pm
16	Community Boating Center, 1641 Padanaram Ave	8:10am	2:35pm

## APPLICATION CHECK LIST

- Complete registration application and signed waivers.
- Copies of student's latest immunization and physical examination report.
- Payment or application for financial assistance.

Mail this completed application to Community Boating Center, Inc., 1641 Padanaram Avenue, New Bedford, MA 02740 or fax to (508) 999-3320 or email to [cbc@communityboating.org](mailto:cbc@communityboating.org)