



Lake Champlain

MARITIME MUSEUM

Preserving and sharing the history of Lake Champlain

Champlain Discovery 2017 Application and Financial Aid Forms

June 19 – July 22

Mail to the Lake Champlain Maritime Museum
4472 Basin Harbor Rd., Vergennes, VT 05491 (802) 475-2022

PERSONAL INFORMATION:

Participant's Name _____ Age _____ Date of Birth _____

Address _____

_____ Zip: _____ Phone _____

Participant's school _____ Current Grade _____

How did you hear about Champlain Discovery?

Parent(s)/Guardian(s): _____

Address _____

_____ Zip: _____

Phone - Day _____ Evening _____

Email: participant _____ Email: parent/guardian _____

HEALTH INFORMATION:

In an emergency, contact: _____

Phone (Day) _____ (Evening) _____

Do you have any allergic reactions? _____

Are you, or will you be, taking any medication? _____

Date of last tetanus immunization _____ Date of last physical examination _____

Physician's name and phone number _____

Do you have health insurance? _____ If yes, Insurer's name _____

Policy No. _____

Do you have any physical or emotional conditions or disabilities, or a history of substance abuse? If yes, please describe. (A positive response to this question does not automatically disqualify you from Champlain Discovery and all the information will remain confidential.) Upon acceptance into the program we will require a physical and medical form to be filled out and signed by your doctor.

Do you (parent or guardian) give permission to Champlain Discovery staff to dispense over the counter medication (such as ibuprofen, aspirin, acetaminophen, antihistamines, Imodium and antacids) on an as needed basis? Y / N

APPLICANT'S SWIMMING ABILITY IS (please circle one):

EXCELLENT

GOOD

BEGINNER

CANNOT SWIM

APPLICANT'S STATEMENT OF INTEREST:

(Applicant only) In the space below, please write a statement describing why you would like to be part of this program.

PARENTAL WAIVER OF CLAIMS:

I give permission for _____ to attend the Lake Champlain Maritime Museum's **Champlain Discovery 2017** kayak and camping program. I release any and all rights and claims for damages against the Lake Champlain Maritime Museum, its staff, volunteers and sponsors. I understand that my child will be using hand and power tools, and will be kayaking on open waters of Lake Champlain. Although these activities will be carried out under competent adult supervision, I understand that these activities involve inherent risk. In the unlikely event of an accident, I further give permission to the Lake Champlain Maritime Museum staff and their representatives to secure emergency medical services to aid our child if, in their judgment, such services are necessary. I agree to incur any additional expenses associated with such action. My child is physically, mentally and socially able to participate.

We reserve the right to cancel this program in case of emergency or insufficient enrollment. In such case your deposit would be fully refunded. We cannot be responsible for any loss of related expenses. If you cancel prior to May 15th your deposit will be refunded. After that date your deposit is non refundable. By signing this waiver you grant us the right to use photographs that may include your child or dependant taken during Champlain Discovery for promotional purposes.

Signature of parent or guardian _____ Date _____

Signature of applicant: _____ Date _____

Champlain Discovery 2017 FINANCIAL AID FORM

Mail to the Lake Champlain Maritime Museum
4472 Basin Harbor Rd., Vergennes, VT 05491 (802) 475-2022

Please answer the following questions:

Participant's name: _____ Age _____

Address: _____

_____ Zip _____ Phone: _____

Parent(s)/Guardian(s): _____

Address _____

_____ Zip: _____

Phone Day _____ Evening _____ Email _____

FINANCIAL INFORMATION: (Must include both parents' incomes. If households are separate, fill out family #1 and family #2 financial information.)

1) Current Annual Income/Expenses:	<u>Family #1</u>	<u>Family #2</u>
Parent(s)/Guardian(s) annual salary/wages before taxes	\$ _____	\$ _____
Additional annual income (interest, dividends, etc)	\$ _____	\$ _____
Non-taxable annual income	\$ _____	\$ _____
TOTAL ANNUAL INCOME	\$ _____	\$ _____

2) What is the total number of people in your household who depend on this income? _____

3) Do you have any additional assets or sources of help which could contribute to tuition?

4) What is the amount of tuition you estimate you could provide? \$ _____

5) Please provide a brief written statement on a separate sheet describing why you would like to be considered for financial aid. Include any special circumstances.

I (we) declare that the information provided is true and complete:

Participant's signature: _____ Date _____

Parent(s)/Guardian(s) signature: _____ Date _____