REGISTRATION



Please complete one form per participant. All information is kept confidential and used only for program, safety, and communication purposes.

1. PARTICIPANT INFORMATION

Preferred Name	Nickname:		
Date of Birth (M	M/DD/YYYY):	://	
Age at Start of P	rogram:		
Gender (optiona	l): □ Male □ Fe	emale □ Non-b	inary □ Prefer not to say □ Oth
Primary Phone:			_
Secondary Phone	e:		_
Email Address ()	participant):		
Home Address: Street:			
		C	
City:		State:	Zip:
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3. PROGRAM SELECTION

Please select the FIRST MATE ACADEMY program(s) you are registering for: **Program Type (check all that apply):** ☐ ACADEMY (progressive courses & FIRST MATE certifications) ☐ Seasonal/Specialty Program (ie ☐ Advanced Navigation & Safety ☐ On-the-Water Practical Training ☐ FIRST MATE ACADEMY Membership Add-On □ Other: **Specific Session(s):** (Example: "Summer Session 1 – June 10–14" or "Saturday Series – Sept–Oct") Session Name/Title: ______ End Date: _____ / _____ / _____ Session Name/Title: ______ End Date: _____ / ____ / _____ 2. Session Name/Title: ______ End Date: _____ / _____ End Date: _____ / _____ ___ **Preferred Schedule (if applicable):** □ Weekday mornings □ Weekday afternoons □ Weekends □ Flexible 4. EXPERIENCE & LEARNING GOALS This helps us assign the best professional Captain or First Mate instructor and tailor the experience. **Boating Experience:** □ None / First time on a boat ☐ Beginner (some outings, still learning basics) ☐ Intermediate (comfortable as crew, basic handling) ☐ Advanced (regular experience, confident on the water)

Please describe any prior boating or water experience:

FIRST MATE ACADEMY

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Fishing Experience (if registering for fishing-related programs):
□ None
□ Some experience
□ Regular angler
Favorite type of fishing (if any):
Swimming Ability (swimming is NOT part of FIRST MATE ACADEMY programming):
□ Non-swimmer
☐ Beginner (needs life jacket at all times, shallow water only)
☐ Comfortable swimmer (pool and calm water)
☐ Strong swimmer (open water, confident)
Personal Learning Goals:
What would you like to learn or improve during this program?
5. HEALTH & SAFETY INFORMATION
This section is critical for participant safety on and around the water.
Medical Conditions (check all that apply):
□ Asthma
☐ Heart condition
□ Diabetes
□ Seizure disorder
☐ Allergies (food, environmental, etc.)
□ Other:
□ None known
If you checked any, please provide details, including triggers, typical symptoms, and
recommended response:

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ΔΠ	lergies:
TAIL	ici Zico.

• Food allergies (list):
Medication allergies (list):
• Insect/other allergies (list):
Does the participant carry an EpiPen or other emergency medication? ☐ Yes ☐ No If yes, specify:
Current Medications: (Include dosage and timing)
Physical Limitations or Restrictions:
Primary Physician Name:Physician Phone:
Health Insurance Provider: Policy/Member # (optional):
6. EMERGENCY CONTACT INFORMATION
(Someone other than parent/guardian if participant is a minor)
Emergency Contact Name:
Relationship to Participant:
• Phone (primary):
• Phone (alternate):

REGISTRATION



7. ACADEMY POLICIES & WAIVERS

Please read carefully and initial each section.

Participant/Parent Initials: _____

A. Code of Conduct I understand that FIRST MATE ACADEMY emphasizes safety, respect, and teamwork on the water and in the ACADEMY Community platform. I agree to follow all instructions from Captains and First Mate instructors and to behave respectfully toward staff, fellow students, and property.
Participant/Parent Initials:
B. Safety & Risk Acknowledgment I understand that boating, fishing, and water-based activities involve inherent risks, including but not limited to slips, falls, weather changes, equipment-related incidents, and other unforeseen hazards. FIRST MATE ACADEMY will take reasonable safety precautions, but cannot eliminate all risks. I accept these risks on behalf of myself / my child.
Participant/Parent Initials:
C. Medical Treatment Authorization In the event of an emergency, I authorize FIRST MATE ACADEMY staff to administer basic first aid and to secure emergency medical care if deemed necessary. I understand that every effort will be made to contact a parent/guardian or emergency contact first when possible.
Participant/Parent Initials:
D. Media & Photography Release (optional but encouraged) FIRST MATE ACADEMY regularly celebrates student achievements and adventures by sharing photos, videos, and stories on its private ACADEMY Community platform, website, social media and marketing materials. □ I DO give permission □ I DO NOT give permission
for FIRST MATE ACADEMY to photograph/video the participant and use these images in print, digital, and online media, including the private ACADEMY Community platform.

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E. Community Platform & Online Conduct

I understand that access to the private ACADEMY Community platform is a privilege. Students are expected to:

• Use respectful language

Participant/Parent Initials: _____

- Share appropriate photos, videos, and stories
- Never bully, harass, or disrespect others

• Follow instructor guidelines for online activity
Violations may result in restricted access or removal from the platform.
Participant/Parent Initials:
F. Liability Waiver
In consideration of the participant being allowed to take part in FIRST MATE ACADEMY
programs, I release and hold harmless FIRST MATE ACADEMY, its owners, staff, Captains,
instructors, and partners from any liability for injury, loss, or damage arising from participation,
except in cases of gross negligence or willful misconduct.

REGISTRATION



8. PAYMENT & BILLING DETAILS

Program Fees:	
Program Name/Session:	
Tuition: \$	
Program Name/Session:	
Tuition: \$	
Membership Add-On (if applicable):	
☐ FIRST MATE ACADEMY Members	ship - ongoing support, learning, and discounted
programming	
Membership Fee: \$	
Discounts (if applicable):	
☐ Sibling discount	
☐ Multi-session discount	
☐ ACADEMY Member pricing	
☐ Other promo code:	
Total Program Fees: \$	
Total Discounts: – \$	
Amount Due: \$	
Payment Method:	
☐ Credit/Debit Card	
□ Check	
☐ Online Payment (invoice link)	
□ Other:	
Name on Card/Account:	
Billing Email (for receipts):	

9. ASSIGNMENT TO CAPTAIN / FIRST MATE INSTRUCTOR

To help us match the participant with the best professional Captain or First Mate instructor, please share any additional preferences or information (learning style, personality, any special considerations, etc.):

REGISTRATION



10. AGREEMENT & SIGNATURE

By signing below, I affirm that:

- All information provided in this form is accurate and complete to the best of my knowledge.
- I have read, understood, and agree to the policies and waivers outlined above.
- I understand that enrollment is confirmed upon receipt of completed registration and payment, subject to availability and FIRST MATE ACADEMY confirmation.

Participant Signature (if 18+):			
	Date:	/	/
Parent/Guardian Signature (if particip	oant is under 18	3):	
	Date:	/	/
Printed Name of Parent/Guardian:			
How to Submit This Form			
 □ Submit online through the FIRST MA □ Email completed PDF/photo to: □ Deliver in person or by mail to: 			

Once your registration is processed, FIRST MATE ACADEMY will follow up with:

- Program confirmation and schedule details
- Captain / First Mate instructor assignment
- Information about the private ACADEMY Community platform
- Any additional forms or items needed before your first session.