



Thank you again for registering your child for FOCUS' Island Cruise!  
We are so happy that they will be joining us on the Vineyard this summer!

Enclosed you will find the forms that need to be returned to the Programs Office, along with more detailed information from *Black Dog Tall Ships*, the owners and operators of *Shenandoah*, the topsail schooner.

We ask that all forms and any unpaid balances be submitted no later than *one month prior* to the programs start date.  
Early submissions are encouraged and appreciated!

*The following forms need to be completed and returned by fax, mail or email. I highly suggest faxing the forms as they are forwarded directly to my inbox.*

**ALL FORMS MUST BE RETURNED by MAY 24<sup>th</sup>, 2010**

**Fax:** 1-866-849-8575

**Email:** [programs@infocus.org](mailto:programs@infocus.org)

**Mail:** FOCUS Programs Office  
PO BOX 5106  
Charlottesville, VA 22905

**FOCUS Medical Release Form:**

We are required to maintain an updated copy of every student's medical form each year. Please complete the form to the best of your knowledge in order that we are able to be as prepared as possible in the event of an emergency. Note: If your son or daughter participated in a FOCUS Winter House Party or Fall Weekend in 2008, you will not need to fill out another medical form unless any information has changed.

**Black Dog Tall Ships Medical Information and Waiver:**

It is imperative that both medical release forms are completed to the best of your knowledge. Your child will not be allowed to board the ship without this form. Black Dog Tall Ships ask that all forms be returned no later than 2 weeks prior to the program.

**FOCUS Travel Form and Information:**

As you make your travel arrangements, please keep in mind that we ask that students arrive between 2:00 pm & 6:00 pm on June 14th, and depart between 9:00 am & 12:00 pm on June 20<sup>th</sup>. FOCUS is responsible for picking up students at the Martha's Vineyard Airport and Oak Bluffs and Vineyard Haven Ferry Docks. Information about various travel options to get to Martha's Vineyard is available on our website at [www.infocus.org](http://www.infocus.org) or at [www.mvol.com](http://www.mvol.com). Keep in mind that your local FOCUS staff may provide bus transportation or have carpooling plans. Even if group travel plans are not being arranged, your local FOCUS staff is an excellent resource, as they know the best travel routes from your area!

Please feel free to contact them for additional information.

**Suggested Packing List:**

A suggested packing list from Black Dog Tall Ships is included in this information packet.

**FOCUS Study Center Contact Information:**

During the program, you can contact FOCUS staff & students. Personal phones are modestly permissible, although coverage is variable. During the program, you may leave a message on the answering machine at the FOCUS Study Center Office for your child or a FOCUS staff member.

\*\*Please note that any letter or package sent will not be received by your child until the schooner returns to land.

FOCUS Study Center Phone Number: (508) 693-1359 or (434) 245-6112

To send a letter/package via U.S. Postal Service: FOCUS Study Center, 450 Lamberts Cove, Vineyard Haven, MA 02568

To ship by UPS, FedEx or other shippers: FOCUS Study Center, 450 Lamberts Cove, West Tisbury, MA 02575

Please find all forms below.

# FOCUS Parental Consent, Acknowledgement of Risk and Health Release

For office use only	

**Parental Consent:** In the event of illness, injury or any other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I hereby give the officers, employees, volunteers and staff of The Fellowship of Christians in Universities and Schools, Inc. (collectively, "FOCUS") permission to act on my behalf to secure medical treatment as necessary, including, but not limited to, medical attention, anesthesia, surgery, and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services required by my child while at the FOCUS program. I absolve FOCUS from liability in acting on my behalf in this regard so long as they are not grossly negligent.

I understand that it is the policy of FOCUS to prohibit the use of illegal drugs and alcohol during programs. The FOCUS leaders have my permission to send my child home at MY EXPENSE for any behavior deemed exceedingly disruptive to the group or program. I have discussed these issues with my child and we are aware of the consequences and are willing to comply as stated.

I understand that photographs of events are routinely taken to be used by FOCUS in their publications. I agree that photographs of my child may be used in FOCUS publications.

**Acknowledgement of Risk and Release:** I hereby acknowledge and agree that the sports of blading, rock climbing and hiking (collectively, "Sports") have inherent risks of injury and death. I hereby certify that I have full knowledge of the nature and the extent of the risks associated with my child's participation in these Sports. On behalf of my child, I hereby ASSUME ALL RISKS of injury and death to my child that may result from my child's participation in these Sports and RELEASE and AGREE TO HOLD HARMLESS FOCUS from any claim of negligence, which my child, I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against FOCUS on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the participation in the Sports, whether the use is supervised or unsupervised, however the injury or damage is caused.

FOCUS is not responsible for any personal items or articles lost or stolen during a program.

This document is a legally binding contract and supersedes any other agreements or representations by or between the parties. This document is intended to provide a release of liability as set forth above, but it is not intended to assert any claims or defenses which are prohibited by law. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

As my child is a minor, I certify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of my child and I agree to be bound by the terms and conditions of this agreement and to defend and indemnify FOCUS in any claim or suit arising from said minor's participation in the above referenced Sports.

PRINT NAME OF PARTICIPANT	BIRTH DATE	AGE
PRINT NAME OF PARENT/GUARDIAN	PRIMARY CONTACT PHONE NUMBER	
SIGNATURE OF PARENT/GUARDIAN	DATE	

If participant is not a minor, please contact the Programs Office to receive a Waiver of Release for participant to sign for self

EMERGENCY CONTACT (OTHER THAN PARENT)	RELATIONSHIP	PRIMARY CONTACT PHONE NUMBER
EMERGENCY CONTACT (OTHER THAN PARENT)	RELATIONSHIP	PRIMARY CONTACT PHONE NUMBER

# FOCUS Medical Information Form

This form needs to be updated every 12 months, in addition to when any changes in insurance, doctor, or medical conditions take place.

<b>STUDENT NAME</b>		<b>PROGRAM ATTENDING</b>
INSURANCE COMPANY NAME	POLICY HOLDER	STUDENT ADDRESS
INSURANCE POLICY NUMBER	GROUP NUMBER	CITY, STATE & ZIP CODE
INSURANCE COMPANY'S EMERGENCY PHONE NUMBER & OTHER PERTINENT INFORMATION		NAME OF PHYSICIAN & PHYSICIAN'S PHONE NUMBER

If your child has **Prescriptions** or **Over-The-Counter Medications** which will be regularly taken at a FOCUS Program, please provide the following information:

Name of Medication	Dosage	Dispensing instructions	Reason for taking the medicine

Describe any known **Allergies or Dietary Restrictions**, whether for medical or any other reason:

*\*Please be very detailed if your child has specific food allergies in order that our kitchen can be prepared.*

Specific Allergy or Restriction	Procedure in case of emergency (i.e. epi pen)	Additional pertinent information

Last date of tetanus booster: \_\_\_/\_\_\_/\_\_\_

Date of last physical: \_\_\_/\_\_\_/\_\_\_

Please provide **any significant history** or other important information that will be useful or necessary during the course of the program or in an emergency situation. Please attach any additional information to the back of this form. **This information is confidential.**

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**INSURANCE CARD:** Please copy the front and back of your child's insurance card in the space provided.

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# **MEDICAL INFORMATION AND WAIVER FORM**

**The Coastwise Packet Co. d.b.a. The Black Dog Tall Ships**

P.O. Box 429, Vineyard Haven, MA 02568 • tel: (508) 693-1699 • fax: (508) 693-1881

Boat/Boarding Date \_\_\_\_\_ Age \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Name of Minor \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Names \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email address \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**If parents can't be reached, please contact:**

Name 1. \_\_\_\_\_ Phone \_\_\_\_\_

Name 2. \_\_\_\_\_ Phone \_\_\_\_\_

**Please list all chronic conditions, allergies or other health information that might be important for your child's care in an emergency.** \_\_\_\_\_

**Dietary restrictions?** \_\_\_\_\_

**List all medications taken by this child.** \_\_\_\_\_

\_\_\_\_\_ **Can your child self-medicate?** \_\_\_\_\_

I, \_\_\_\_\_ (PARENT OR GUARDIAN'S SIGNATURE)

hereby release Coastwise Packet Co. d.b.a. The Black Dog Tall Ships and it's employees from

any responsibility relating to the administration of prescription drugs to my son, daughter, or ward,

\_\_\_\_\_ (MINOR'S NAME).

**What should we do if your child has a headache?** \_\_\_\_\_

**What should we do if your child has a stomachache?** \_\_\_\_\_

**Please describe your child's swimming ability:** \_\_\_\_\_

**Do you give permission for your child to swim from the vessel?** \_\_\_\_\_

**Medical Insurance Co. Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_

I hereby authorize the Coastwise Packet Company d.b.a. The Black Dog Tall Ships and the Captains

of it's vessels to obtain whatever medical attention seems appropriate, including the use of emergency

medical technicians, physicians or surgeons to give emergency care, necessary anesthesia, or perform

emergency surgery on my son, daughter, or ward, \_\_\_\_\_ (MINOR'S NAME).

\_\_\_\_\_  
(PARENT or GUARDIAN'S signature)

\_\_\_\_\_  
(DATE)

# FOCUS Summer 2010 Martha's Vineyard Travel Form

PLEASE COMPLETE ONE TRAVEL FORM PER STUDENT, PER PROGRAM AND SEND TO:  
**FOCUS Programs Office PO BOX 5106 Charlottesville, VA 22905 or Fax 866-849-8575**

<b>STUDENT NAME</b>	<b>STUDENT CELL (FOR DAY OF TRAVEL)</b>	<b>PROGRAM ATTENDING</b>
<b>PARENT/GUARDIAN NAME</b>	<b>PARENT/GAURDIAN CELL (FOR DAY OF TRAVEL)</b>	
<b>IF TRAVELING WITH ANOTHER STUDENT OR LEADER, PLEASE INCLUDE THEIR NAME (S)</b>		

## Transportation Information

Please schedule your arrival on Martha's Vineyard between 2:00 pm and 6:00 pm the day the program begins, and your departure from the island between 9:00 am and 12 Noon on the program concludes. If you are unable to depart during these times, please favor leaving after Noon as opposed to leaving prior to 9 am.

### MODE OF TRAVEL:

Please select and complete the information below as to the method of transportation that your child will be using to travel to and from Martha's Vineyard. Specifically, be clear as to when and where FOCUS is to pick up and/or drop off your child.

#### AREA TRANSPORTATION (FOCUS Bus)

<b>DATE OF DEPARTURE</b>	<b>WITH WHICH FOCUS AREA/STAFF ARE YOU TRAVELING WITH?</b>

#### AIRPLANE

**FOCUS is responsible for student's pick-up and drop off at Martha's Vineyard Airport**

<b>DATE OF ARRIVAL</b>	<b>TIME OF ARRIVAL</b>	<b>ORGINATING AIRPORT &amp; FLIGHT NUMBER</b>	<b>ARRIVAL AIRLINE</b>	<b>ARRIVAL FLIGHT NUMBER</b>
<b>DATE OF DEPARTURE</b>	<b>TIME OF DEPARTURE</b>	<b>DEPARTURE ARLINE</b>	<b>DEPARTURE FLIGHT NUMBER</b>	

#### FERRY

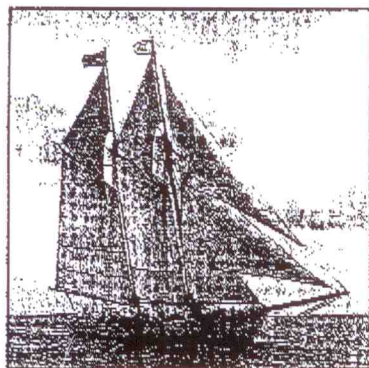
**FOCUS picks up students from both Vineyard Haven and Oak Bluffs Ferry docks on Martha's Vineyard**

<b>DATE OF ARRIVAL</b>	<b>TIME OF FERRY DEPARTURE</b>	<b>POINT OF MAINLAND DEPARTURE</b>	<b>CARRIER</b>
<b>TIME OF ARRIVAL ON VINEYARD</b>		<b>POINT OF ARRIVAL ON VINEYARD</b>	
<b>DATE OF DEPARTURE</b>	<b>TIME OF FERRY DEPARTURE</b>	<b>POINT OF VINEYARD DEPARTURE</b>	<b>CARRIER</b>
<b>TIME OF ARRIVAL ON MAINLAND</b>		<b>POINT OF ARRIVAL ON MAINLAND</b>	

#### CAR

**Students may be dropped off at the Vineyard Haven or Oak Bluffs Ferry docks or the FOCUS Study Center property**

<b>DATE OF ARRIVAL</b>	<b>TIME OF ARRIVAL</b>	<b>DATE OF DEPARTURE</b>	<b>TIME OF DEPARTURE</b>
<b>NAME OF DRIVER</b>	<b>DRIVER'S RELATIONSHIP TO STUDENT</b>	<b>CELL PHONE NUMBER OF DRIVER</b>	



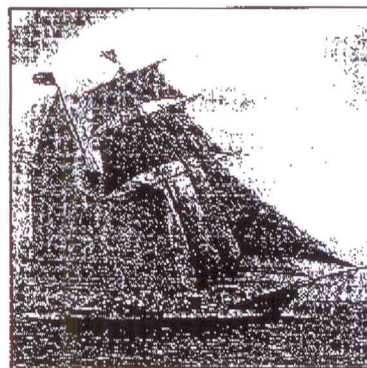
### Black Dog Tall Ships

#### *Shenandoah*

108' Square Topsail Schooner  
7000 Sq. Ft. of Sail

#### *Alabama*

90' Ex Mobile, Ala. Pilot Schooner  
5000 Sq. Ft. of Sail



## **EQUIPMENT LIST & BOARDING INSTRUCTIONS**

Here is a checklist of items you will need to bring on your sailing trip. Please remember to **PACK LIGHTLY**. Passengers often bring too much. Please use a soft-sided bag or duffle.

raincoat / slicker	beach towel
soft-soled shoes / quick-drying shoes	toothbrush / toothpaste
hat / sunglasses	shampoo / soap
sweatshirt / fleece	flashlight
long pants	sunscreen
sweatpants	book (summer reading)
underwear / socks	notebook & pen (optional)
shorts	musical instrument (optional)
t-shirts	camera & film (optional)
bathing suit(s)	

We provide a towel, washcloth, sheets, pillow and blankets. Please limit spending money to \$15.00. **ABSOLUTELY NO pocket knives, cell phones, radios, personal or portable stereos, electronic games, candy, soda, snacks or gum. Alcohol or illegal drugs in any form are not permitted.** and will be cause for immediate removal of the passenger from the boat.

We board Sunday evening at 6:00 p.m.—**ALABAMA** and 7:00 p.m.—**SHENANDOAH** from the Black Dog Wharf, located on Beach St. Extension, adjacent to the Black Dog Tavern in Vineyard Haven. Passengers should eat dinner before boarding. Parents may come out to the schooners at boarding time for a short tour of the boat. Passengers disembark on Saturday at 11:00 a.m.—**ALABAMA** and 12:00 noon—**SHENANDOAH**.

Black Dog Tall Ships t-shirts are available for sale at our office before and after all trips. If you have any further questions please call Black Dog Tall Ships office (508) 693-1699.

## **WE LOOK FORWARD TO HAVING YOU ABOARD!**

### FERRY INFORMATION

Woods Hole / VH & OB	STEAMSHIP AUTHORITY	t. 508-477-8600	<a href="http://www.steamshipauthority.com">www.steamshipauthority.com</a>
Falmouth / OB	ISLAND QUEEN	t. 508-548-4800	<a href="http://www.islandquecn.com">www.islandquecn.com</a>
Hyannis / OB	HY-LINE	t. 508-778-2600	<a href="http://www.hy-linecruises.com">www.hy-linecruises.com</a>
New Bedford / VH & OB	NEW ENGLAND FAST FERRY	t. 866-453-6800	<a href="http://www.nvexpressferry.com">www.nvexpressferry.com</a>
Quonset Point, RI / OB	VINEYARD FAST FERRY	t. 401-295-4040	<a href="http://www.vineyardfastferry.com">www.vineyardfastferry.com</a>