



# Toronto Brigantine Inc. Trainee Application Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_ MALE:  FEMALE:   
(DD/MM/YY)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ TRAINEE E-MAIL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ CELLULAR: \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ CELLULAR: \_\_\_\_\_

Because the ship occasionally travels through United States waters, the following information is required:

PLACE OF BIRTH: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

ONTARIO HEALTH CARD # \_\_\_\_\_

**PASSPORTS AND NECESSARY VISAS ARE REQUIRED FOR ENTRY INTO THE U.S. YOU MUST BRING A PASSPORT FOR COURSES ENTERING THE U.S.**

## Medical Concerns

The following section is to be completed by the applicant's parent or guardian:

TO THE BEST OF MY KNOWLEDGE, MY CHILD OR WARD HAS ALLERGIES: YES \_\_\_ No \_\_\_

MEDICAL PROBLEMS REQUIRING MEDICATION: YES \_\_\_ No \_\_\_

PHYSICAL IMPAIRMENTS OR RESTRICTIONS: YES \_\_\_ No \_\_\_

ILLNESS OR COMMUNICABLE DISEASE: YES \_\_\_ No \_\_\_

DIETARY RESTRICTIONS: YES \_\_\_ No \_\_\_

ANY MEDICAL PROBLEMS OF WHICH THE CAPTAIN SHOULD BE AWARE? \_\_\_\_\_

IF THE ANSWER TO ANY OF THE ABOVE IS "YES", PLEASE DESCRIBE: \_\_\_\_\_

HEALTH INSURANCE NUMBER: \_\_\_\_\_ **HEALTH CARD MUST ACCOMPANY TRAINEE.**

**TORONTO BRIGANTINE STRONGLY RECOMMENDS TRAVEL INSURANCE INCLUDING COVERAGE FOR THE U.S.**

You will receive a t-shirt when you join your ship. What size do you prefer? S M L XL XXL

Toronto Brigantine provides bussing between the vessels and Toronto free of charge. If you do not require bussing, please indicate so here. Be sure to verify the location of the ships 24 hours prior to dropoff/pickup.

\_\_\_\_ I will arrive directly at the ship \_\_\_\_ I will depart directly from the ship

Have you sailed with us before? Yes \_\_\_ No \_\_\_ If "NO", please tell us how you heard about the Program:

Newspaper: \_\_\_ Brochure: \_\_\_ Friend: \_\_\_ Website: \_\_\_ Office: \_\_\_ Other: \_\_\_\_\_

For course fees and dates, please see the enclosed schedule or visit [www.torontobrigantine.org](http://www.torontobrigantine.org)

**Course Preferences: 1<sup>ST</sup> Choice:** \_\_\_\_\_ **2<sup>nd</sup> Choice:** \_\_\_\_\_ **3<sup>rd</sup> Choice:** \_\_\_\_\_

A deposit of 50% of the course fee is required with this application. We will then send you a Cruise Package and this will be your confirmation of booking. The balance of fees must be paid by May 31<sup>st</sup>.

**Refund Policy:** A full refund (minus an administration charge of \$100.00) will be provided for cancellations made before May 31<sup>st</sup>. After May 31<sup>st</sup> full refunds (minus an administration charge of \$100.00) are available only for cancellations due to health or medical reasons (a physician's certificate is required). If Toronto Brigantine cancels a course for any reason a full refund will be provided.

### **Method of Payment**

A deposit of 50% of course fee is due with this application. Please make all cheques payable to Toronto Brigantine Inc.

AMOUNT \$ \_\_\_\_\_ CHEQUE \_\_\_\_ VISA \_\_\_\_ AMERICAN EXPRESS \_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRY \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### **Certificate of Swimming Ability**

Toronto Brigantine requires verification of swimming ability to ensure that each trainee is able to participate safely and comfortably during a course program. Swimming is an important part of daily life on our ships. Our trainees swim from the ship for recreation and cleanliness!

**A parent/guardian may sign this swimming certificate.** The Red Cross swim level we recommend is AquaQuest 10. If available, we prefer that you provide copies of documentation (Red Cross certificates etc.).

This is to certify that \_\_\_\_\_ is able to swim 100 meters and then tread water  
(TRAINEE'S NAME)  
for 10 minutes without any undue fatigue.

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

### **Trainee's Agreement**

I, \_\_\_\_\_, agree to abide by the policies, procedures, and rules of Toronto Brigantine's Tall Ship  
(TRAINEE'S NAME)

Adventures program. I understand that if at any time during the course of my program, whether aboard ship or on shore, I violate the policy prohibiting the possession or use of alcohol and illegal substances or smoking on or near the ships or the policy prohibiting sexual conduct or if my behaviour adversely affects the safety of my ship mates, I will be discharged from the vessel and sent home at my families expense.

DATE: \_\_\_\_\_ TRAINEE'S SIGNATURE: \_\_\_\_\_

### **General Declaration and Release**

I am familiar with the nature and content of Toronto Brigantine's program and the Trainee's Agreement (see above). I desire that my son/daughter/ward, \_\_\_\_\_ participate in the full program and all its activities.  
(TRAINEE'S NAME)

I consent to Toronto Brigantine Inc. using all photographs in which my son/daughter/ward may appear, while enrolled as a program participant, for promotional or other related purposes. In consideration of the participation of my son/daughter/ward in the Toronto Brigantine program, I, personally and on behalf of my son/daughter/ward, release and forever discharge Toronto Brigantine, its employees or agents, from all claims, demands, actions, or causes of action including claims for personal injury, sickness, or property damage that may occur involving my son/daughter/ward while engaged in the Toronto Brigantine program. I also understand that my son/daughter/ward may from time to time be released from the vessel on shore leave, and that during this time my son/daughter/ward may not be supervised.

**If, for any reason, my son/daughter/ward does not complete his/her program, I agree to be responsible for all costs incurred, including his/her transportation from the program location.**

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

## Medical & Health Certificate

**Note:** Due to changes in the Ontario Ministry of Health in the billing structure for medical services requested by third parties, Toronto Brigantine will no longer require medical examinations and a doctor's signature for its Extended Programs. Parents/guardians will be required to disclose all relevant medical history and give Toronto Brigantine permission to contact the trainee's physician(s) if more information is required.

TRAINEE NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(DD/MM/YY)  
HEALTH CARD #: \_\_\_\_\_  
PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PHYSICIAN'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Sail training courses are physically demanding. Our 72 foot square-rigged brigantines operate in all weather, 24 hours a day. Trainees live in close quarters and are required to participate in all ship's routines and program activities (swimming, keeping watch, going aloft, performing emergency drills, maintenance work, etc.) It is essential for the safety of the trainee and the total ship's company that your son/daughter/ward be medically and psychologically fit.

Our ships are supplied with first aid equipment and our officers are certified to deliver emergency first aid. We also have radio telephones and cellular phones aboard which allow us to communicate with medical personnel, if required. Nevertheless, **it is important to recognize that our ships are sometimes many hours away from acute care medical services.** If your son/daughter/ward/ has a pre-existing condition (diabetes, asthma, seizure disorder, etc.) which may require emergency care during a course, please consult your physician and disclose the condition (see over) before signing this release.

It is the policy of Toronto Brigantine to control the use of medication (prescription or non-prescription) for the alleviation of symptoms of seasickness. Such medication may affect a trainee's performance in such a way as to compromise his/her safety. If, in the judgment of the Captain, the trainee's symptoms are severe and/or long-standing, the trainee will be relieved of his/her responsibilities and offered medication from the ship's first aid supplies.

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I have read the information above and completed the medical information form (see over). To the best of my knowledge, my son/daughter/ward is in good health and able to participate fully in the Toronto Brigantine summer program. I give my permission for Toronto Brigantine to contact the physician named above if more medical information is required. In case of a medical emergency, I give my permission for the employees and agents of Toronto Brigantine to administer first aid, and if I am not available for consultation, to select a physician who will secure proper medical treatment (including examination, medication, treatment, anaesthesia or surgery) for my above named son/daughter/ward. I also agree to be responsible for any expenses incurred, including the cost of delivering my son/daughter/ward from the Toronto Brigantine program to medical facilities.

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**Medical Information**

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

HAS THIS TRAINEE HAD ANY OF THE FOLLOWING?

ASTHMA \_\_\_ HEPATITIS \_\_\_ MIGRAINE \_\_\_ DIABETES \_\_\_ EPILEPSY OR SEIZURES \_\_\_ DIZZINESS/FAINTING \_\_\_  
SINUSITIS \_\_\_ HEART CONDITION \_\_\_ CHICKEN POX \_\_\_ MUMPS \_\_\_ EARACHES \_\_\_ SKIN CONDITION \_\_\_  
SEVERE STOMACH ACHES \_\_\_ SLEEP WALKING \_\_\_ MENSTRUAL CRAMPS \_\_\_

ARE THERE ANY OTHER HEALTH PROBLEMS THAT WE SHOULD KNOW ABOUT?

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

IS THIS TRAINEE AFRAID IF HEIGHTS? YES \_\_\_ NO \_\_\_ NOT SURE \_\_\_

DOES THIS TRAINEE HAVE NORMAL HEARING? YES \_\_\_ NO \_\_\_

IF NO, DOES THE TRAINEE USE A HEARING AID? YES \_\_\_ NO \_\_\_

DOES THIS TRAINEE HAVE NORMAL VISION WITH OR WITHOUT CORRECTIVE GLASSES OR CONTACT LENSES? YES \_\_\_ NO \_\_\_

DOES THIS TRAINEE WEAR EYEGASSES? YES \_\_\_ NO \_\_\_

DOES THIS TRAINEE WEAR CONTACT LENSES? YES \_\_\_ NO \_\_\_

IS THIS TRAINEE FULLY IMMUNIZED? YES \_\_\_ NO \_\_\_

DATE OF LAST TETANUS TOXOID BOOSTER: \_\_\_\_\_

DOES THIS TRAINEE HAVE ANY ALLERGIES? PLEASE LIST ANY KNOWN ALLERGIES AND IDENTIFY ANY HISTORY OF SERIOUS ALLERGIC REACTIONS.

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

DOES THIS TRAINEE REQUIRE ANY REGULAR MEDICATION OR MEDICAL TREATMENT?

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

Note: All medication, prescription and non-prescription, are given to the captain for safekeeping. **Written instructions must accompany such medications so that they may be given to the trainee as required.**

OTHER NOTES \_\_\_\_\_

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