

Eureka Ferry Boat Overnight 3/27/18
- Information letter, packing list, and
Age of Sail Overnight required forms.
due 1/31/18

Ahoy! And welcome aboard! It is time to start preparations for the Age of Sail overnight and this packet contains everything you will need to get started. This experiential field trip has been running for over 20 years on the Hyde Street Pier. The Pier is part of San Francisco Maritime National Historical Park, open daily to the public from 9:30 – 5:00 and home to 7 National Historic Landmarks and thousands of maritime artifacts. During the trip, program participants will be fully immersed in Maritime History. Set aboard the historic square-rigger *Balclutha*, the program is run by four educators, costumed as characters: the Captain, First Mate, Second Mate, and Cook. As the crew of the ship the students will be working outside in the sea air, hauling lines, swabbing the decks, and standing night watch. The sailor's life is not one for the faint of heart, and the "lads" will be challenged by the loud demands of the First Mate, and must listen carefully and work diligently to avoid his wrath. Using salty language and a mixture of discipline and humor, the characters will mold the "green" crew into competent sailors!

The Age of Sail program has two main goals. The first is to accurately recreate the experience of living and working aboard an historic ship. In order to accomplish this, we utilize the setting (an actual historic ship) and a cast of characters who would have been present on that ship. In keeping with the historical roles, the Captain and First Mate are very stern and demanding. They are the driving force behind all the work that gets done on board and have the highest standards when it comes to work ethic and personal conduct. The Second Mate and Cook are more relaxed, prone to vice, and set a great example of what not to do! They also serve to balance the strict nature of the Captain and First Mate.

The second goal is to create a safe environment where the students can be challenged and focus on important life skills; communication, problem solving, teamwork, and personal responsibility. In order to teach these skills, we use tasks and challenges that start out as simple and become increasingly complex and challenging. The tasks are designed to require listening, questioning, and teamwork. The tasks are designed to be a bit tricky, and often the crew's first attempt at completion will fail. THIS IS OKAY! The instructors on the program are skilled educators who use a combination of instruction and role-playing to guide the students through this process. Failure is an important step in the learning process, and it is only temporary. The students will feel successful and accomplished at the end of the program.

While the students are playing the role of working sailor, the adults are playing the role of silent observer. Perhaps the most unique aspect of our program is that we ask the parent chaperones and the teacher not to talk to the students for the entire 18 hour experience. Each student crew will have one adult (Tall Sailor) with them at all times. This Tall sailor is only permitted to speak when there is a safety concern. The rest of the time they are standing back and watching, just watching. It can be an extremely difficult job but it is the most essential part of the program for fostering personal growth in the students. Parents and students alike are often amazed at how much the crew is able to accomplish without any help from adults!

Our program only lasts for 18 hours, but there is a lot of preparation needed for the trip to be successful. Contained in this packet is information that will help get you started, including necessary forms, a packing list, information about food, and frequently asked questions. Thank you for helping make this trip possible!

Participant Packing List

Use this list a guideline when packing for the Age of Sail trip. While it is not exhaustive, we do ask you to keep in mind that each participant is responsible for carrying all of their gear by themselves! Our weather can vary greatly at different times of the year, but it is always cold at night. It is important to pack layers and good to have one complete change of clothes (shirt, pants, socks, shoes) in case of wet conditions. If rain is forecast, we recommend placing all items in a large, durable garbage bag, clearly marked with the participant's name. Students and adults will sleep in their clothes! There is no need to pack "PJ's". Make sure all clothes are suitable for an outdoor, active environment.

We recommend that you pack the following items:

- Sleeping Bag
- Warm/heavy Jacket*
- Layers: t-shirt, long sleeves, sweatshirt or wool sweater*
- Extra Pants
- Extra socks and shoes (close-toed)
- Long Underwear
- Warm Hat*
- Gloves **for use on nightwatch only**
- Foul Weather / Waterproof Gear (pants and jacket)
- Rubber Boots*
- Galley Gear: plate, cup, fork, spoon (all metal)
- Toothbrush
- Analog Watch (mates)
- Student Medications (should be given to teacher with instructions)
- Approved** food substitutions (should be given to teacher with instructions)

*Often a good idea to wear these items on the day of the program

**We only honor food substitutions related to health, medical, or religious reasons

Please **DO NOT** pack the following items:

- ✗ Hand-held electronics or video games
- ✗ Extra food or snacks
- ✗ Favorite or expensive clothes or items
- ✗ Galley gear or utensils that cannot be replaced
- ✗ Flashlights

All students need this form returned to Ms. M. by 1/31/18. Age of Sail Overnight Program

Participant Emergency Contact Information

Child's Name		Date of Birth	M	F
			Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contact

Insurance Information

Additional Emergency Contact

Home Phone Work Phone

Address

City, ST ZIP Code

Name of Family Physician

Physician Phone Physician Office/Hospital

Insurance Provider

Insurance ID # Group #

Medical Information

Is your child currently taking any prescription medications? (list below)* YES NO

*If YES please fill out "Administration of Medication" form for EACH medication that will be taken during the program

- 1) _____
- 2) _____
- 3) _____

Does your child have any allergies? (list below)..... YES NO

*Does your child have an EPI pen? YES NO

- 1) _____
- 2) _____
- 3) _____

Is your child on a special diet? YES NO

Explain:

Has your child recently been ill or exposed to communicable disease? **YES** **NO**

Is your child subject to **Homesickness / Sleepwalking / Bedwetting** (circle) **YES** **NO**

Are there any other issues concerning your child that we should know about? **YES** **NO**

Explain:

Non-Prescription Medication

In the event of unforeseen circumstances, do you authorize the Age of Sail staff to give your child common remedies such as Children's Tylenol, cough medicine, etc.?

YES **NO**

If you wish for your child to receive non-prescription medications or vitamins, please fill out an "Administration of Medication" form for each medication / supplement.

AUTHORIZATION AND CONSENT FOR STUDENT TREATMENT

1. Parent(s) will be notified immediately when a child becomes injured or seriously ill, and aid will be given according to the Parent(s) wishes. Arrangements will be made with the parent(s) to pick up their child if desired. A child will not be released during the Age of Sail program to anyone other than the parent or guardian except on written or verbal request by the parent or guardian.

2. I/WE, as parent(s) or guardian(s) of _____ do hereby authorize the Age of Sail staff, as agents, for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and/or surgeon licensed under the provisions of the California Medical or Dental Practice Act on the Medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain in effect until _____ (date program ends) unless revoked sooner in writing delivered to said agents.

Signature of Parent(s) or Legal Guardian(s)

Date

Please Note:

If you do not wish to grant authorization or consent as outlined above, please sign here and let us know in writing what you want us to do in the event of a medical emergency

Signature of Parent(s) or Legal Guardian(s) _____ Date _____

Signature of Parent(s) or Legal Guardian(s) _____ Date _____

All students need
this form returned to
Ms. Moniz by 1/31/18.

SAN FRANCISCO MARITIME NATIONAL PARK ASSOCIATION
PARTICIPATION AGREEMENT AND LIABILITY WAIVER

Age of Sail Program

We request that all parents agree to the below provision and sign below to acknowledge their agreement. A child without an initialed participation agreement will not be allowed to participate in the program.

Participation Agreement

In consideration of myself or my child participating in the programs of the San Francisco Maritime National Park Association, I agree on behalf of myself and my child to assume all risks of injury and to waive all claims, actions, and damages against the Maritime Park Association. I further agree not to sue the Maritime Park Association, its officers, directors, employees, agents or assigns for any claims arising out of participation in the Maritime Park Association's programs, the actions of the school district or youth group's employees, officers or agents, or the actions of the program participants.

Participant's Name

Signature of Parent or Legal Guardian

Date

For the purposes of fund-raising and public awareness, the San Francisco Maritime National Park Association uses photographs and videos of the program in action. These materials may be published in print or made available on our website. Such publications are a very important part of our fundraising efforts. Your child's image may appear in such photos or videos taken by the adult chaperones or our official photographers. We are sensitive to privacy issues, and therefore specific names of participants and their school addresses will not be disclosed.

I grant / do not grant **[Please Circle]** permission for my child's image to be used in print publications produced by either the San Francisco Maritime National Park Association or San Francisco Maritime National Historical Park.

I grant / do not grant **[Please Circle]** permission for my child's image to be used in e-mail updates or the website produced by either the San Francisco Maritime National Park Association or San Francisco Maritime National Historical Park.

Signature of Parent /Guardian

Date: _____

Chaperones only
 must complete this form and return to Ms. Mohiz.
 Age of Sail Overnight Program by 1/31/18

Participant Emergency Contact Information

Name _____		Date of Birth _____		M <input type="checkbox"/>	F <input type="checkbox"/>
				Sex	
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____		
Address _____		Address _____			
City, ST ZIP Code _____		City, ST ZIP Code _____			

Emergency Contact

Insurance Information

Emergency Contact _____

Home Phone _____ Work Phone _____

Address _____

City, ST ZIP Code _____

Name of Family Physician _____

Physician Phone _____ Physician Office/Hospital _____

Insurance Provider _____

Insurance ID # _____ Group # _____

Medical Information

Do you have any physical or medical conditions or restrictions? **YES NO**
 Explain: _____

Do you have any allergies?..... **YES NO**
 List: _____

Do you take prescribed medication regularly?..... **YES NO**
 Explain: _____

In consideration of myself or my child participating in the programs of the San Francisco Maritime National Park Association, I agree on behalf of myself and my child to assume all risks of injury to my child and to waive all claims, actions, and damages against the Maritime Park Association. I further agree not to sue the Maritime Park Association, its officers, directors, employees, agents or assigns for any claims arising out of participation in the Maritime Park Association's programs, the actions of the school district or youth group's employees, officers or agents, or the actions of the program participants.

Date of Program: _____ Participant's Name: _____
 Signature: _____