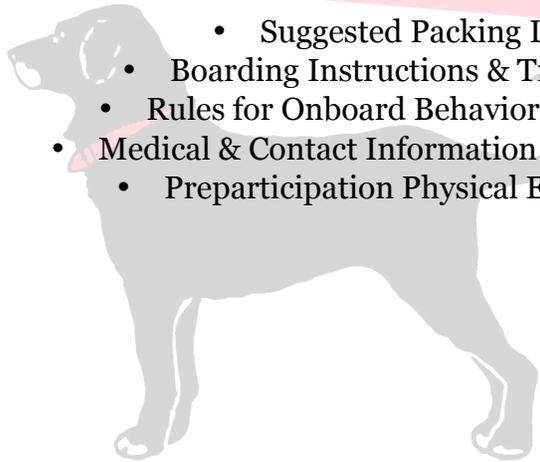


## The Black Dog Tall Ships

Shenandoah & Alabama

### 2016 "KIDS CRUISE" PASSENGER:

- Suggested Packing List
- Boarding Instructions & Travel Info
- Rules for Onboard Behavior & Conduct
- Medical & Contact Information Request Form
- Preparticipation Physical Evaluation



20 Beach Street Extension  
P.O Box 429 ~ Vineyard Haven, MA 02568

Email: [office@theblackdogtallships.com](mailto:office@theblackdogtallships.com)

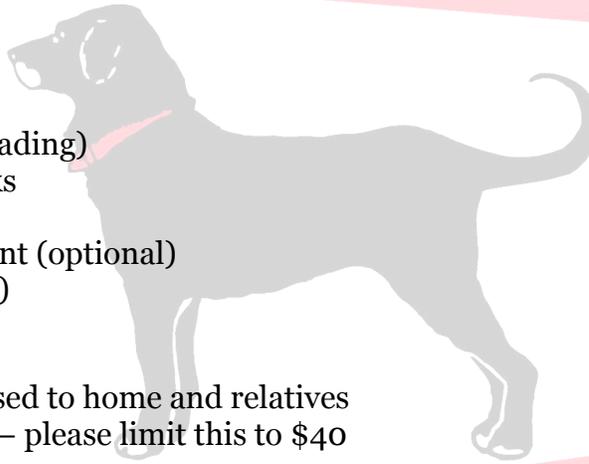
(p) 508.693.1699

(f) 508.693.1881

## SUGGESTED PACKING LIST & BOARDING INSTRUCTIONS:

The following is a checklist of items passengers need to bring on their sailing trip. Please remember to pack lightly as passengers sometimes tend to bring too much and to use a soft-sided bag or duffle.

Toothbrush / toothpaste  
Shampoo / soap  
Hat / sunglasses  
Sunscreen  
Raincoat / slicker  
Beach towel  
Bathing suit(s)  
Soft-soled shoes  
Sweatshirt / fleece  
Long pants  
Shorts  
T-shirts  
Sweatpants  
Book (summer reading)  
Underwear / socks  
Journal & pen  
Musical instrument (optional)  
Camera (optional)  
Flashlight  
Water bottle  
Postcards addressed to home and relatives  
Spending money – please limit this to \$40



We provide bedsheets, pillow and blankets.

As a rule, we discourage parents and children from packing pocket knives, cell phones, radios, personal or portable stereos, electronic games, candy, soda, snacks or gum.

The ship's captain will have contact with the Black Dog Tall Ships office and can be reached in emergencies.

Alcohol, tobacco products or illegal drugs in any form are not permitted, and will be cause for immediate removal of the passenger from the boat.

## Check-In & Boarding:

- Check in for passengers and their families begins at 7:00 pm on Sunday evening at the Black Dog Wharf, located at 20 Beach St. Extension, Vineyard Haven (adjacent to the Black Dog Tavern).
- Passengers should eat dinner before checking in.
- Parents are encouraged to come aboard the schooner with their son/daughter at boarding time for a short tour of the schooner.
- Passengers will disembark and be ready for pick-up at Noon on Saturday at the Black Dog Tall Ships office.
- For information on travelling to Martha's Vineyard please visit the "Contact Us" page at [www.theblackdogtallships.com](http://www.theblackdogtallships.com)
- Call the Black Dog Tall Ships office directly at 508.693.1699

## Travel Services:

*For your convenience, we have included the following transportation options for your trip to, from, and around Martha's Vineyard*

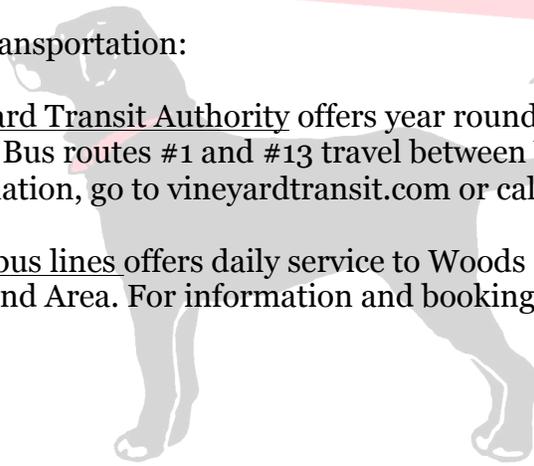
- Boat Transportation:
  - The Steamship Authority: Advertising the lowest fares to the islands, The Steamship Authority offers transportation for passengers and vehicles between Woods Hole to the towns of Oak Bluffs and Vineyard Haven on Martha's Vineyard. For reservations call (508) 477-8600 or go to [steamshipauthority.com](http://steamshipauthority.com).
  - Hy-Line Cruises: Hy-Line Cruises offers a faster route with service between Hyannis, MA and Oak Bluffs, Martha's Vineyard. Reservations can be made online at [hylinecruises.com](http://hylinecruises.com).
  - Seastreak: The Seastreak Ferry offers service between New Bedford, MA and Oak Bluffs. For reservations and information, go to [seastreak.com](http://seastreak.com) or call 1 (800) BOAT-RIDE.
  - Vineyard Fast Ferry: Vineyard Fast Ferry offers service from Quonset, Rhode Island to Oak Bluffs. Information and booking can be found at [vineyardfastferry.com](http://vineyardfastferry.com).

- Air Transportation:

- JetBlue offers daily service from JFK to Martha's Vineyard. To book a flight, go to [jetblue.com](http://jetblue.com) or call 1 (800) JETBLUE.
- Daily service is offered from JFK to Martha's Vineyard through Delta Connection. For bookings, go to [delta.com](http://delta.com) or call 1 (800) 221-1212.
- U.S. Airways offers daily service from Ronald Reagan Washington National Airport (DCA) to Martha's Vineyard. For bookings, go to [usairways.com](http://usairways.com) or call 1 (800) 428-4322.
- Cape Air offers year round flights to Martha's Vineyard from Boston's Logan International Airport (BOS), Providence's T.F Green Airport (PVD) as well as other convenient locations. Schedules, information and booking can be found at [flycapeair.com](http://flycapeair.com) or by calling 1 (800) 352-0714.

- Ground Transportation:

- The Vineyard Transit Authority offers year round public transportation around the island. Bus routes #1 and #13 travel between Vineyard Haven and Oak Bluffs. For information, go to [vineyardtransit.com](http://vineyardtransit.com) or call (508) 693-9953.
- Peter Pan bus lines offers daily service to Woods Hole from many locations in the New England Area. For information and bookings go to [peterpanbus.com](http://peterpanbus.com).



## **RULES FOR PASSENGER CONDUCT & BEHAVIOR**

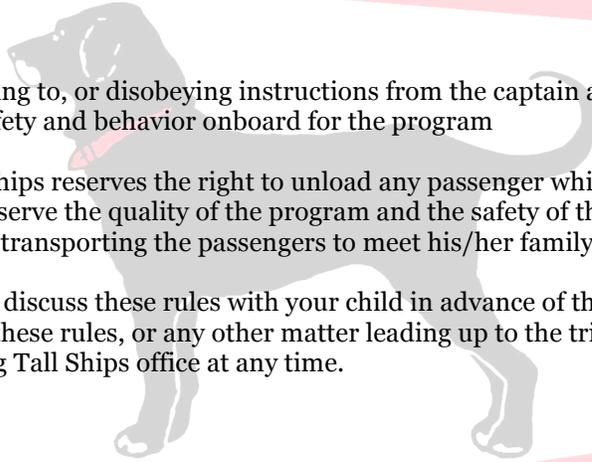
The Black Dog Tall Ships thanks you very much for the opportunity to take your child aboard with us and provide them with this amazing program. As a company, we are committed to doing all that we can to make sure that your child's time with us is nothing but a first-class sailing and camp experience. Once onboard, you child will become "part of the ship's crew" and bears some of the responsibility in allowing the others onboard to enjoy the experience in a safe and responsible manner.

The following rules regarding behavior and conduct are in place to allow all the ship's passengers to understand our expectations and to get the most enjoyment out of their time onboard and are strictly prohibited:

- Verbal and physical bullying, teasing and harassing
- The use of profanity, including threatening and inappropriate language
- Tobacco products and alcohol
- Theft
- Not responding to, or disobeying instructions from the captain and crew, and the set rules regarding safety and behavior onboard for the program

The Black Dog Tall Ships reserves the right to unload any passenger which does not follow these basic rules designed to preserve the quality of the program and the safety of the other passengers. If unloaded, the resulting cost for transporting the passengers to meet his/her family will be at the family's expense.

We encourage you to discuss these rules with your child in advance of their time aboard. If you have any questions regarding these rules, or any other matter leading up to the trip, as always please feel free to contact the Black Dog Tall Ships office at any time.



**2016 MEDICAL INFORMATION & 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

**AS A REMINDER: WE REQUIRE THAT THIS FORM IS COMPLETED AND RETURNED AT LEAST TWO WEEKS PRIOR TO YOUR CHILD'S TRIP WITH US, AND THAT WE ARE NOT ALLOWED TO HAVE THEM ONBOARD WITHOUT IT.**

Name of Minor \_\_\_\_\_

Boat/Boarding Date \_\_\_\_\_

Age \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Parent's Names \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

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? \_\_\_\_\_

*Note: If your child cannot self-medicate, our onboard system can account for this. They will be distributed by the mate on the schedule indicated below by you. All medications, either self-medicated or not, must be presented at check-in.*

What is the dosage schedule and amount for your child's medication(s): \_\_\_\_\_

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).

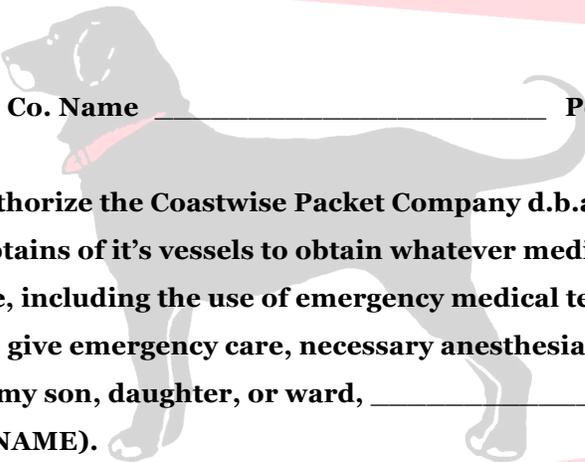
What should we do if your child has a headache? \_\_\_\_\_

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)

# Preparticipation Physical Evaluation

# HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_

**In case of emergency, contact:**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

**Explain "Yes" answers below.  
 Circle questions you don't know the answers to.**

- |  | Yes                      | No   |  | Yes                      | No                       |               |            |  |                          |                          |
|--|--------------------------|--|--|--------------------------|--------------------------|---------------|------------|--|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 24. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 26. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?  | <input type="checkbox"/> | <input type="checkbox"/>                   | 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 5. Have you ever passed out or nearly passed out DURING exercise?  | <input type="checkbox"/> | <input type="checkbox"/>                   | 28. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 6. Have you ever passed out or nearly passed out AFTER exercise?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 29. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?  | <input type="checkbox"/> | <input type="checkbox"/>                   | 30. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 8. Does your heart race or skip beats during exercise?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 31. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 9. Has a doctor ever told you that you have (check all that apply):  |                          |  | 32. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| <input type="checkbox"/> High blood pressure   |                          | <input type="checkbox"/> A heart murmur    | 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| <input type="checkbox"/> High cholesterol  |                          | <input type="checkbox"/> A heart infection | 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)  | <input type="checkbox"/> | <input type="checkbox"/>                   | 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 11. Has anyone in your family died for no apparent reason?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 12. Does anyone in your family have a heart problem?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 14. Does anyone in your family have Marfan syndrome?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 15. Have you ever spent the night in a hospital?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 16. Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/>                   | 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:          | <input type="checkbox"/> | <input type="checkbox"/>                   | 42. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/>                   | 43. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/>                   | 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |               |            |  |                          |                          |
| Head   | Neck                     | Shoulder                                   | Upper Arm  | Elbow                    | Forearm                  | Hand/ Fingers | Chest      | 45. Do you limit or carefully control what you eat?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper Back   | Lower Back               | Hip  | Thigh  | Knee                     | Calf/ Shin               | Ankle         | Foot/ Toes | 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a stress fracture?   | <input type="checkbox"/> | <input type="checkbox"/>                   |  |                          |                          |               |            | <b>FEMALES ONLY</b>  |                          |                          |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?   | <input type="checkbox"/> | <input type="checkbox"/>                   |  |                          |                          |               |            | 47. Have you ever had a menstrual period?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device?  | <input type="checkbox"/> | <input type="checkbox"/>                   |  |                          |                          |               |            | 48. How old were you when you had your first menstrual period? _____       |                          |                          |
| 23. Has a doctor ever told you that you have asthma or allergies?  | <input type="checkbox"/> | <input type="checkbox"/>                   |  |                          |                          |               |            | 49. How many periods have you had in the last 12 months? _____             |                          |                          |

**Explain "Yes" answers here:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

