

SeaAffinity Adult Program Application

Please print form, complete and return.

Email: info@seaaffinity.org; Fax: 410-574-3416; Mail: 500 Walnut Grove Rd, Essex, MD 21221

Participant:

Participant's Last Name	First Name	Middle Initial
Email Address	Birth Date	Gender
Street Address		
City	State	Zip Code
Home Phone #	Work Phone #	Cell Phone#
Emergency contact	Phone	Relation to Participant

Program:

Please indicate choice of Program. Include date and time (AM/PM) where applicable.

Medical Information:

Participant has a history of:

- Epilepsy Motion Sickness Allergies Handicap Recent operation or illness Asthma Hay Fever
 Respiratory problem Chest Pains Headaches Sinus problem Ulcers Claustrophobia
 Heart problems Diabetes High/low blood pressure Dizziness/Fainting Mental/Emotional problems
 Wears contacts or glasses Drugs/Medications
 Problem if not listed above: _____

Please provide detail on any checked box above _____

The participant is currently taking the following prescribed medication: _____

Can the participant self-administer the medication? Yes No

Payment information:

- Minimum \$50 Non-Refundable Deposit (due now to secure a space) \$ 50
 Balance of Program Fee; (due two weeks before program start) \$ _____
(if choosing on-line payment below, entire fee is due upon invoice)

Donations:

Program Scholarships (for a disadvantaged child to participate) \$ _____

Total Enclosed: \$ _____

Make check payable to: SeaAffinity, Inc., 500 Walnut Grove Rd, Essex, MD 21221

- OR -

I would like to pay my total program fee (including deposit and donation indicated above) with a credit card through PayPal. Please send an invoice to my email address _____ Please note that when choosing this option, the entire camp fee will be invoiced.

Signed "Release and Waiver Agreement" form must be on file by start of program.

How did you FIRST hear about SeaAffinity?

- Family/Friend School Internet search Another program Other

Please be as specific as possible: _____