**SKML Boat Roster**

Please list the names of all passengers on the appropriate boat rosters for each trip and submit to NCBS staff

# CAPTAIN:

Total # Onboard:

DATE:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SITE 1** | **SITE 2 SITE 3** | | **SITE 4 SITE 5** | |
| Name: | Returned | Returned | Returned | Returned | Returned |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |

**IMPORTANT:**  NCBS is bound by strict regulations regarding our mission, services and liabilities. NCBS is not a commercial boat operation. ALL participants must be students, employees or registered volunteers at your institution. This is a condition of our operating agreements and research vessel designations. Please acknowledge requirement and confirm policy adherence of names included on this roster. **Signature X**

We understand that all forms of ocean recreation activities including but not limited boating have inherent risks and dangers associated with them. Occupants of NCBS vessels ***are required to wear*** Coast Guard approved PFDs during operation of NCBS vessels, including boarding and leaving any vessel. Wearing PFDs is optional while vessel is anchored and motor is turned off.

completed  **Boating Understanding**

|  |  |
| --- | --- |
|  |  |
|  |  |

completed **Skills & Experience Survey (see page 2)**

**Swim/Open Ocean Skills & Experience Survey**

*In order to help ensure a positive experience on our oceanographic research vessels, each* ***Principal Investigator or Group Leader*** *must complete the Skills and Experience Survey below and sign the acknowledgement at the bottom of the boat roster form. This required survey provides helpful information regarding your group and enables you to properly prepare for potential ocean research and education activities.*

**Students/Researchers: Total count:**

**Swim Skills Level Open Ocean Experience**

Non-swimmer None

Beginner/Novice Very little

Intermediate

Advanced

Moderate

Many

**Principal Investigator/Group Leader(s): Total count:**

**Swim Skills Level Open Ocean Experience**

Non-swimmer None

Beginner/Novice Very little

Intermediate

Advanced

Moderate

Many