

# SAIL TO PREVAIL

The National Disabled Sailing Program

## Disabled Veterans Program

### 2016 Registration Form

**June 18-19, 2016 "PVA Weekend"**

(Note: This is Father's Day weekend)

(Please submit a separate form for every individual who will be sailing, including Veteran, spouse, or agency staff.)

TODAY'S DATE \_\_\_\_\_

LOCATION of DOCKS: 60 Fort Adams Drive, Newport, RI.

TIME: Depends on number of participants - see web site.

**PARTICIPANT CONTACT INFORMATION:** **Please PRINT CLEARLY.** (Your personal information is kept confidential.)

Participant (Sailor) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sailor info (for updates) Email \_\_\_\_\_ Phone \_\_\_\_\_  
Home  or Cell

Primary Care Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Home  or Cell

#### PARTICIPANT (SAILOR) PROFILE:

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ What is your disability? \_\_\_\_\_

MEDICATION: Will you, the participant/sailor, need medication for your disability during a two-hour sail?

No.  Yes: Please explain: \_\_\_\_\_

EXPERIENCE: Have you participated in Sail To Prevail programs before?  Yes  No, this is my first time at STP.

Sailing Skill Level:  Beginner  Intermediate  "Seasoned Salt"

T-shirt:  MEN's  WOMEN's  S  M  L  XL  2X  3X  4X-Men  5X-Men  Don't want one

(Shirt sizes tend to run small; see our web site for a size chart: [www.sailtoprevail.org/disabled\\_veterans.html](http://www.sailtoprevail.org/disabled_veterans.html))

(Registration forms received at least 17 days prior to the event will be included in the T-shirt order.)

MILITARY BRANCH or Affiliation: \_\_\_\_\_

I am accompanying a Veteran this weekend (check this box if you are a spouse, friend, etc, but not Military yourself.)

I need financial aid toward my lodging/hotel for the weekend. (Please know that funds are limited and will be dispersed based on the number of requests received.)

I have read and signed the "Waiver of Liability." (Please submit the Waiver of Liability with this Registration Form. Each person who sails needs to have a current-year Waiver of Liability and Registration on file with Sail To Prevail.)

Sail To Prevail - PO Box 1264, Newport, RI 02840 - 401-849-8898 - For further details, contact: [patty@sailtoprevail.org](mailto:patty@sailtoprevail.org)