

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)

(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