



CONFIDENCE IS COOL!

July 10-14, 2017

FEE: \$150- scholarships available upon request

Participant Name: _____

DEADLINE: JUNE 1, 2017

Address: _____

Birthdate: _____

Phone Number: _____

Family Email Address: _____

Gender (please circle): Female Male

Disability*: _____

** Please note that this camp is appropriate for children with physical disabilities ONLY, we cannot accommodate the needs of children with developmental and cognitive disabilities,*

Emergency Contact: _____

Relationship: _____

Contact Telephone: _____

Emergency Contact Address (if different than participant) _____

How did you hear about our program- (Website, physician, newspaper, friend?) _____

Please return to Sail To Prevail P.O. Box 1264 Newport, RI 02840

Fax: (401)848-9072

For questions, please contact Allie Gray at (401) 849-8898 or allie@sailtoprevail.org

SAIL TO PREVAIL
The National Disabled Sailing Program



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Participant Name: _____

General Information and Medical History

Please CIRCLE which of the following best describes your child's mobility:

Power Wheelchair User

Ambulates with Walker

Ambulates Independently

Manual Wheelchair User

Ambulates with Crutches

Other: _____

Please explain any special medical issues we need to consider for your child:

Does your child have any special communication needs? If so please explain in detail:

List any Allergies we should know about (i.e., latex, insect bites, food, etc.)

Please explain any recent Surgeries or Medical Procedures:

Is your child prone to fatigue? ___ yes ___ no

Please give special instructions (if any) about how you like us to handle your child's fatigue:

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List any special feeding/ meal instructions:

List any special toileting needs (e.g., assistance with catheters, diapers):

List any special transportation needs (e.g. assistance with transfers):

Does your child require a 1:1 aide at school that you feel may need to attend camp as well? *

* Please note that our staff to camper ratio is 1:2, with one registered nurse per (10) attendees, therefore limiting our ability to serve campers with 1:1 needs - attendees are welcomed to bring their personal care aides if this is an issue.

INTERESTS! (Sports & Leisure)

T-Shirt Size (Please mark): _____ Small _____ Medium _____ Large _____ X-Large

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