

**and the Harvard Varsity Sailing Team**

**2019 Registration Form**

**September: Tuesday or Thursday - Sailing on the Charles River!**

***With any questions please contact:***

 ***(401) 849-8898 sailingdirector@sailtoprevail.org***

***TODAY’S DATE*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***LOCATTION of DOCKS:*** *45 Memorial Drive, Cambridge, MA.*

 ***TIME:*** 3:30 to 5:30 p.m.

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

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

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home 

or Cell 

Sailor info *(for updates)* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home 

or Cell 

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***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”

This participant requires supervision or assistance:

* I am accompanying a disabled participant *(Please check this box if you are a parent, therapist, sailing but not disabled yourself.)*
* 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: sailingdirector@sailtoprevail.org