

**2019 Newport Adaptive Sailing Program**

**INDIVIDUAL Registration Form**

Please submit a form for *every individual who will be sailing*, including parent, guardian, or able-bodied assistant.

***TODAY’S DATE*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***CLIENT TYPE****:*  Individual,  1 boat $100, or  share a boat/cost with someone)

***LOCATION of DOCKS:*** *60 FT. Adams Drive, Newport, RI.*

***PROGRAM:***  Instructional  Recreational  Competitive  Other, i.e. Paralympic Training,

 (Our basic program (Sail Away From Cancer, (Wed. Night Racing, etc.:

 - Learn to sail!) or severely disabled) Newport, 5 pm to sunset) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Home 

or Cell 

Contact info *(for schedule change)* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home 

or Cell 

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

Where did you hear about Sail To Prevail?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PARTICIPANT (SAILOR) PROFILE:***

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

 (Under age 7 must be approved by the Sailing Director.)

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.

Sailing dates can be reserved online at sailtoprevail.org/registration

Sail To Prevail - PO Box 1264, Newport, RI 02840 - 401-849-8898 - For further details, contact: sailingdirector@sailtoprevail.org