

**Disabled Veterans Program**

**2019 Registration Form – Registration deadline: June 3**

**June 22-23, 2019 “PVA Weekend”**

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

***TODAY’S DATE*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***LOCATTION of DOCKS:*** *60 Fort Adams Drive, Newport, RI.*

 ***TIME:*** Arrive at dock at 10:00 a.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”

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; therefore, only the first 10 participants who request financial assistance can be considered.)
* 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