

**2019 Adaptive Sailing Program - NANTUCKET**

**July 8 – August 7, 2018 ~ Nantucket Boat Basin, Slip 1410**

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

***TODAY’S DATE*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***LOCATION of DOCKS:*** *Nantucket Boat Basin, Slip 1410: at the corner of Commercial St. and New Whale St.*

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

***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 Instructor.)

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”

* I have read and signed the *“Waiver of Liability.”* Please submit a signed *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