

SAIL TO PREVAIL

The National Disabled Sailing Program

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 \$70, or share a boat/cost with someone)

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

PROGRAM: Instructional (Our basic program - Learn to sail!) Recreational (Sail Away From Cancer, or severely disabled) Competitive (Wed. Night Racing, Newport, 5 pm to sunset) Other, i.e. Paralympic Training, etc.: _____

PARTICIPANT CONTACT INFORMATION: (Your personal information is kept confidential.)

Participant (Sailor) Name _____

Address _____

City _____ State _____ Zip _____

Contact info (for schedule change) Email _____ Phone _____
Home or Cell

Primary Care Physician Name _____ Phone _____

Emergency Contact Name _____ Phone _____
Home or Cell

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