

# SAIL TO PREVAIL

The National Disabled Sailing Program

## 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 \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

Sailor info (for updates) Email \_\_\_\_\_ Phone \_\_\_\_\_  
Home   
or Cell

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

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Home   
or Cell

**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.)