

SAIL TO PREVAIL

The National Disabled Sailing Program

and the Harvard Varsity Sailing Team

2020 Registration Form

September: Tuesday or Thursday - Sailing on the Charles River!

Questions? – Please contact: (401) 849-8898 sailingdirector@sailtoprevail.org

TODAY'S DATE _____

LOCATION of DOCKS: 45 Memorial Drive, Cambridge, MA.

TIME: Please arrive at 3:00 p.m. Sailing: 3:30 to 5:30 p.m.

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

Participant (Sailor) Name _____

Address _____

City _____ State _____ Zip _____

Contact name (for updates) Name _____ Relationship: _____

Contact info (for updates) Email _____ Phone _____
Home or Cell

Emergency Contact (if different) _____ Phone _____
Home or Cell

Primary Care Physician 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"

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.)