

# SAIL TO PREVAIL

The National Disabled Sailing Program

## 2020 Adaptive Sailing Program

### GROUP Registration Form

(Please submit one Registration form for *the GROUP*, along with separate current-year WAIVER forms for every individual who will be sailing, including able-bodied parent, guardian, or agency staff.)

**TODAY'S DATE** \_\_\_\_\_ **CLIENT TYPE:**  Group. Boats needed \_\_\_\_\_ (up to 5 boats, 5 people max. per boat)  
(*\$100 per boat*)

**LOCATION:**  Newport, RI

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

Agency/Group Name \_\_\_\_\_

Agency Address \_\_\_\_\_

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

Agency Person arranging this sail \_\_\_\_\_

Contact info (for schedule change) Email \_\_\_\_\_ Phone  Office  
or Cell

|    | <b>PRINT NAMES of PARTICIPANTS (SAILORS)</b> | 13 |  |
|----|--|----|--|
| 1  |  | 14 |  |
| 2  |  | 15 |  |
| 3  |  | 16 |  |
| 4  |  | 17 |  |
| 5  |  | 18 |  |
| 6  |  | 19 |  |
| 7  |  | 20 |  |
| 8  |  | 21 |  |
| 9  |  | 22 |  |
| 10 |  | 23 |  |
| 11 |  | 24 |  |
| 12 |  | 25 |  |

Yes, all the signed "Waiver of Liability" forms are attached. (Please submit all *Waiver of Liability forms* with this Registration form. Each person who sails must have a current-year Waiver of Liability 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