

# SAIL TO PREVAIL

The National Disabled Sailing Program

## 2021 Newport Adaptive Sailing Program

### FAMILY/Same Household Registration Form

Please include names for every individual who will be sailing, including parent, guardian, or able-bodied assistant.

**TODAY'S DATE** \_\_\_\_\_ **CLIENT TYPE:**  Individual and \_\_\_\_\_ others from *same household*,  1 boat \$70  
(up to 2)

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

**PROGRAM:**  Instructional (Our basic program – Learn to sail!)  Recreational (Sail Away From Cancer, or severely disabled)  Competitive (Wed. Night Racing, 5 pm to sunset)

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

SAILOR (Disabled Participant) Name \_\_\_\_\_

Sailor's Address \_\_\_\_\_

Sailor's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If SAILOR schedules self, then... Email \_\_\_\_\_ Phone Home   
or Cell

Contact Person (if different than Sailor) \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Person's Email \_\_\_\_\_ Phone Home   
or Cell

Sailor's Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

#### SAILOR (PARTICIPANT) 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"

I/we will accompany a disabled participant (Please check this box if you will be sailing but not disabled yourself.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

I/we have read and signed the "Waiver of Liability."  
Each person who sails needs to have a current-year Waiver of Liability on file with Sail To Prevail. Please submit the Waiver(s) of Liability with this Registration Form.

Confirmed sailing date: \_\_\_\_\_ Time: \_\_\_\_\_  
Sailing date/time can be reserved by contacting Head Sailing Instructor, Marina: 401-849-8898, Ext. 3 or [sailingdirector@sailtoprevail.org](mailto:sailingdirector@sailtoprevail.org).