

SAIL TO PREVAIL

The National Disabled Sailing Program

2021 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

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 (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: _____

This participant requires supervision or assistance: Yes No

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 am accompanying a disabled participant (Please check this box if you are a parent/caregiver etc., 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 date/time can be reserved through the Head Sailing Instructor: