

2022 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 TY	CLIENT TYPE: Individual, 1 boat \$70			
LOCATION of DOCKS:	60 Fort Adams Drive, No	ewport, RI.			
	ROGRAM: Instructional (Our basic program – Learn to sail!)		Recreational (Sail Away From Cancer, or severely disabled)		
SAILOR CONTACT INF	ORMATION:	Please PRINT CLEARLY.	(Your persor	al inform	nation is kept confidential.)
SAILOR (Participant)	Name				
Sailor's Address					
Sailor's City			State	Zip)
If SAILOR schedules se	lf, then Email			_ Phone_	Home or Cell
Contact Person (if different than Sailor)				_Relatio	nship
Contact Person's	Email			_ Phone_	Home or Cell
Sailor's Primary Care Physician				_ Phone _	
SAILOR (PARTICIPANT		What is yo	ur disability?_		
MEDICATION: Will yo	u, the participant/sailor,	need medication for you			
This Sailor/participant	requires supervision or	assistance: 🛛 Yes	🗆 No		
	u participated in Sail To vel:		?		is is my first time at STP.
I am accompanyin	g a disabled participant	(Please check this box if you a	re a parent/caregi	ver etc., sa	iling, but <u>not</u> disabled yourself.)
		nility." Please submit the rent-year Waiver of Liab		-	-

Sailing date/time can be reserved through the Head Sailing Instructor:

Sail To Prevail - PO Box 1264, Newport, RI 02840 - 401-849-8898 ext. 3 For further details, contact the Head Sailing Instructor: sailingdirector@sailtoprevail.org