

2023 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: 🛛 Indiv	vidual and others from <i>sa</i>	me household/address.
LOCATION of DOCKS: 60 Fort A	Adams Drive, Newport, RI.	(up to 4)	🗆 1 boat \$70
PROGRAM: Instructional (Our basic progr	am – Learn to sail!) (Sail Av	ational way From Cancer, or severely disabled	 Competitive (Wed. Night Racing, 5 pm to sunset)
SAILOR CONTACT INFORMATI	ON: Please PRIN	IT CLEARLY. (Your personal i	nformation is kept confidential.)
SAILOR (Disabled Participant)	Name		
Sailor's Address			
Sailor's City		State	Zip
If SAILOR schedules self, then	. Email	PI	
Contact Person (if different than	n Sailor)	Re	elationship
Contact Person's	Email	PI	
Sailor's Primary Care Physician		Pł	none
(Under age 7 must be	of Birth: approved by the Sailing Director.)	_ What is sailor's disability?	
🗆 No. 🗆 Yes: Ple	ase explain:		
Sailing Skill Level:	Beginner 🛛 Intermed	rams before? Yes I iate	
Name:		Name:	
Name:		Name:	
□ I/we have read and signed the <i>"Waiver(s) of Liability."</i> <u>Each person</u> who boards a boat needs to have a <u>current-year</u> <i>Waiver of Liability</i> on file with Sail To Prevail. Please submit the <i>Waiver(s) of Liability</i> <u>with</u> this <i>Registration Form</i> .		Confirmed sailing date: Time: Sailing date/time can be reserved by contacting Head Sailing Instructor: 401-849-8898, Ext. 3 or sailingdirector@sailtoprevail.org.	