

SAIL TO PREVAIL

The National Disabled Sailing Program

2025 Adaptive Sailing Program, Newport, RI INDIVIDUAL or FAMILY (1 boat) Registration Form

Top portion of this form is for the Sailor/Participant with a disability; list any able-bodied others in the bottom portion of form.

TODAY'S DATE _____ **CLIENT TYPE:** One disabled individual and _____ (up to 4) others accompany.

1 boat, \$70 (mail payment to PO Box 1264 or bring to dock.)

LOCATION of DOCKS: 60 Fort Adams Drive, Newport, RI.
(No mail receptacle at this address!)

I am applying for a scholarship (Attach Financial Aid form.)

SAILOR (PARTICIPANT with DISABILITY) CONTACT INFO:

Please PRINT CLEARLY. (Your personal info is confidential.)

Sailor's 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 with DISABILITY) PROFILE:

M F Age _____ Date of Birth: _____ What is Sailor's disability? _____
(Under age 7 must be approved by CEO or Sailing Director.)

MEDICATION: Will Sailor/participant need medication administered *during* a two-hour sail? No. Yes

MILITARY SERVICE: Is this participant a Military Veteran? No. Yes. If Yes, what Branch? _____

EXPERIENCE: Has Sailor participated in Sail To Prevail programs before? Yes No, this is my first time at STP.

Sailing Skill Level: Beginner Intermediate "Seasoned Salt"

| OTHERS: These individuals (without disabilities) will accompany the above disabled Sailor/participant on the boat: | | | |
|--|-----|-----|---|
| FIRST and LAST NAME | AGE | M/F | RELATIONSHIP TO DISABLED SAILOR Mom, Dad, Brother, Sister, Friend, Caregiver, etc. |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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

Payment may be mailed to: Sail To Prevail - PO Box 1264, Newport, RI 02840

For further details, contact the Head Sailing Instructor: sailingdirector@sailtoprevail.org - 401-849-8898 ext. 3