

# SAIL TO PREVAIL

The National Disabled Sailing Program

## 2026 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 <sup>Home</sup>  <sub>or Cell</sub>

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

Contact Person's Email \_\_\_\_\_ Phone <sup>Home</sup>  <sub>or Cell</sub>

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](mailto:sailingdirector@sailtoprevail.org) - 401-849-8898 ext. 3