

SAIL TO PREVAIL

The National Disabled Sailing Program

2016 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, or share a boat/cost with someone)

LOCATION: Newport, RI Nantucket, MA Other (arranged by Sail To Prevail) _____

PROGRAM: Instructional (Our basic program - Learn to sail!) Recreational (Sail Away From Cancer, or severely disabled) Competitive (Wed. Night Racing, Newport, 5 pm to sunset) Other, i.e. Paralympic Training, etc.: _____

Request: Sun. Mon. Tue. Wed. Thur. Fri. Sat.

TIME: (choose one): 10:00 am–12:00 pm 1:00–3:00 pm (3:00–5:00 pm, must be approved by Sailing Director)

Request for a specific date, recurring day of the week, or time: _____

(Our Adaptive Sailing Program is very busy. We schedule weekly groups from previous years first, and fill in open time slots with individuals. Special STP events may take precedence over regular bookings. Appointments for 3:00-5:00 pm weekday, or any weekends, must be approved by the Sailing Director. We do our best to completely fill our sailing schedule and accommodate days/times requested IF POSSIBLE.)

PARTICIPANT CONTACT INFORMATION: **Please PRINT CLEARLY.** (Your personal information is kept confidential.)

Participant (Sailor) Name _____

Address _____

City _____ State _____ Zip _____

Contact info (for schedule change) Email _____ Phone _____
Home or Cell

Primary Care Physician Name _____ Phone _____

Emergency Contact Name _____ Phone _____
Home or Cell

PARTICIPANT (SAILOR) 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: _____

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 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.