

**"CONFIDENCE IS COOL!"
KIDS CAMP**

Registration Form

Please return to: Sail To Prevail
PO Box 1264
Newport, RI 02840
Fax: 401-849-8898

DEADLINE: MAY 16, 2016

Participant Name: _____

Address: _____

Street Address

City

State

Zip

Phone Number: _____ Birthdate: _____

Family Email Address: _____

Gender (please circle): Female Male

Disability*: _____

** Please note that this camp is appropriate for children with physical disabilities ONLY, we cannot accommodate the needs of children with developmental and cognitive disabilities,*

Please check which session you are registering for**: (first come, first serve)

** you can attend multiple sessions depending on availability

Session 1: Monday, July 11 - Friday, July 15, 2016

Session 2: Monday, July 18 - Friday, July 22, 2016

Session 3: Monday, July 25 - Friday, July 30, 2016

FEE: \$150.00 per session - need-based scholarships available upon request

For questions, please contact Sarah Kirwin at (401) 849-8898 or sarahK@sailtoprevail.org



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KID'S CAMP

General Information and
Medical History Form

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Participant Name: _____

Please CIRCLE which of the following best describes your child's mobility:

Power Wheelchair User

Ambulates with Walker

Ambulates Independently

Manual Wheelchair User

Ambulates with Crutches

Other: _____

Please explain any special medical issues we need to consider for your child:

Does your child have any special communication needs? If so please explain in detail:

List any Allergies we should know about (i.e., latex, insect bites, food, etc.)

Please explain any recent Surgeries or Medical Procedures:

Is your child prone to fatigue?

___ yes ___ no

Please give special instructions (if any) about how you like us to handle your child's fatigue:

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Participant Name: _____

List any special feeding/ meal instructions:

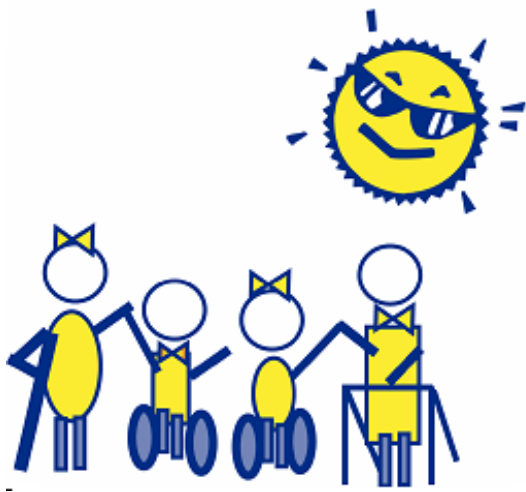
List any special toileting needs (e.g., assistance with catheters, diapers):

List any special transportation needs (e.g. assistance with transfers):

Does your child require a 1:1 aide at school that you feel may need to attend camp as well? *

* Please note that our staff to camper ratio is 1:2, with one registered nurse per (10) attendees, therefore limiting our ability to serve campers with 1:1 needs - attendees are welcomed to bring their personal care aides if this is an issue.

INTERESTS! (Sports & Leisure)



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General Information and
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Participant Name: _____

T-Shirt size (please mark): ___ Small ___ Medium ___ Large ___ X-Large

Emergency contact: _____

Relationship: _____ Contact Telephone: _____

Emergency Contact Address: _____

How did you hear about our program -(website,
physician, newspaper, friend?) _____

FEE: \$150.00 per session - need-based scholarships available upon request

For questions, please contact Sarah Kirwin at (401) 849-8898 or sarahk@sailtoprevail.org

2016 Waiver of Liability and Assumption of Risk

(Please note: This is a legal document. You are urged to read it carefully.)

You are about to go sailing on Narragansett Bay (or Nantucket Harbor, or other open body of water) on a sailboat owned by Sail To Prevail Inc., Newport, Rhode Island. In order to enjoy your sail and to make the sail a safe activity, you must comply with all of the rules and regulations of Sail To Prevail. If you have questions, please contact the Sailing Director (401-849-8898).

- **EVERYONE USING SAIL TO PREVAIL BOATS MUST WEAR A LIFE JACKET AT ALL TIMES.**
- **ALL BOATS MUST DOCK ONLY AT THE SAIL TO PREVAIL SAILING CENTER.**
- **NO ALCOHOLIC BEVERAGES ARE PERMITTED WHILE USING SAIL TO PREVAIL BOATS.**
- When sailing, stay away from yachts anchored, passing vessels, and be careful while moving through harbor channels.
- Soft sole (not black) shoes must be worn while using Sail To Prevail boats. We also suggest you bring along wind and rain gear, sunglasses and sunscreen.

I, the undersigned, seek to participate in the Sail to Prevail Sailing program conducted by Sail To Prevail, Inc., a Rhode Island non-profit corporation.

I have been informed and am fully aware of:

1. The specific risks associated with participation in sailing;
2. That in route to or from, at, or in the vicinity of the sailing area, I may be exposed to risk of personal injury, including loss of life or limb, or I may suffer property damage or loss;
3. That Sail To Prevail, Inc. gives no assurance or warranties whatsoever as to the safety of persons participating in sailing;
4. That the term "Sail To Prevail, Inc." as used in this instrument, shall mean Sail To Prevail, Inc. and its Directors, Officers, Employees, Agents, Contractors, Independent Lessees, Licensees, and their respective legal representatives, heirs, executors, administrators, successors and assigns, and any one or more of such persons or entities.

In consideration of Sail To Prevail, Inc. extending me the privilege of participating in the sailing program, I fully assume all risks in connection with my participation in the sailing program and in particular, without limitation.

1. To the extent permitted by law, I and my heirs, representative, executors or administrators and my undersigned parent or guardian (if any) remise, release, indemnify, acquit and hold harmless and forever discharge Sail To Prevail, Inc. from any and all liabilities, obligations, damages, penalties, claims, actions, causes of action, demand, judgments, executions, costs, charges, loss of services, expenses, compensation, and any and all other claims whatsoever, both at law and in equity, including, without limitation, attorneys' fees, which I may have or may be incurred by, or asserted against me by reason of any occurrences during the period of my travel to and from the Sail To Prevail, Inc. sailing program, or during my participation therein, whether resulting from acts or omissions or any persons, from the operation or condition of facilities or premises, or from acts of God or nature.
2. I agree that this instrument shall be governed by and construed in accordance with the law of the State of Rhode Island, and shall be binding upon my legal representatives, heirs, executors, administrators, successors and assigns.
3. I understand and agree that Sail To Prevail, Inc. has reserved the right to, and at any time in its sole discretion, cancel sailing or revoke any permission granted to me to participate in it.
4. I hereby acknowledge that I have been provided an opportunity to read this document, that I am fully aware of its legal effect, that I am executing it of my own free will and for my benefit in order to gain permission to participate in the sailing program and that, in doing so, I have not been subjected to any form of coercion or duress by any member of Sail To Prevail, Inc.

I grant to Sail To Prevail, Inc. full permission to videotape, film, photograph and audio tape my participation in the Sail To Prevail sailing program. And further grant Sail To Prevail Inc. permission to use said video tape, film photograph and audio tape in any educational, documentary, public relations or fundraising activity including, but not limited to, release for any media account of the sailing program.

PRINT NAME of PARTICIPANT (SAILOR)	M/F	Age	Disability/Impairment*

* One-word examples: paraplegia, SCI, amputee, Blind, Deaf, MS, Downs; or simply "physical" or "developmental." (Or, "none" if not disabled.)

Executed on this _____ day of _____, 20____

Participant Signature

Guardian: Print Name

Guardian Signature

Sail To Prevail, Inc. PO Box 1264 Newport, RI 02840

www.sailtoprevail.org

fax: 401-848-9072