

# SAIL TO PREVAIL

The National Disabled Sailing Program

## Your Comments about Sail To Prevail or "Your Story"

If you have participated in a Sail To Prevail program (sailing or Confidence is Cool day camp), we would like to hear from you! Please fill out the form below which will be emailed to our office (or print the PDF version and mail it to our office.)

### How do we use this information?

We tally answers from many participants to compile statistics about our programs. Also, we can always use good quotes, interesting stories and great photos to help describe our program to prospective donors, as well as post on our web site or Facebook, to encourage other people with disabilities to come sailing!

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Today's Date: \_\_\_\_\_

### WRITER:

Name of person filling out this information: \_\_\_\_\_

Email address of person filling out this form: \_\_\_\_\_

Participant

Parent, Legal Guardian of Participant

Aide, Attendant, Nurse, etc. for Participant

Director of a Program:

(Your title at the Organization/Program: \_\_\_\_\_ )

(Name of Organization/Program: \_\_\_\_\_ )

Other relationship to Participant: \_\_\_\_\_

### PARTICIPANT:

Participant First Name: \_\_\_\_\_

Participant Last Name: \_\_\_\_\_

Yes, you may publish Participant's last name.

No, please do not publish Participant's last name

Participant's age: \_\_\_\_\_

Physical disability \_\_\_\_\_ (Describe: Paraplegic, Quadriplegic, Amputee, etc.)

SCI – Yes, I specifically have a Spinal Cord Injury (SCI) – (i.e., NOT a disease or other issue that affects the spinal cord, but an INJURY.)

Intellectual/developmental disability \_\_\_\_\_ (Describe: i.e., Down Syndrome, Autism)

How long has Participant been disabled? \_\_\_\_\_ [from birth, or number of months or years]

Please continue...

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## Participant Contact Information *(we will NOT share your contact information; it is for our records only.)*

Participant Email address: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Address: \_\_\_\_\_

Participant City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## OUTCOMES SURVEY

1. Has the program given you more self-confidence in other activities of daily life?

ANSWER: 1 \_\_\_\_\_

2. Has sailing in the program benefited your physical condition?

ANSWER: 2 \_\_\_\_\_

3. Has the program increased your leadership abilities?

ANSWER: 3 \_\_\_\_\_

4. Has the program increased your teamwork skills?

ANSWER: 4 \_\_\_\_\_

5. Has sailing in the program given you a more positive outlook on life?

ANSWER: 5 \_\_\_\_\_

6. Which Sail To Prevail program did you attend (please circle all that apply):

- a. General sailing, Newport
- b. General sailing, Nantucket
- c. Confidence is Cool day camp
- d. Veterans program
- e. Sail Away From Cancer
- f. Wednesday Night Racing
- g. Paralympic Training Clinic or Regatta

7. Have you sailed at Sail To Prevail before?

a. Yes

If yes, when? (Earlier this year \_\_\_\_), (Last year \_\_\_\_), (Please list previous years: \_\_\_\_\_)

b. No, this was my first time.

8. Would you return to the Sail To Prevail disabled sailing program?

a. Yes

b. No

*Please type a, b, c, d or e in the ANSWER space provided.*

Your choices for the first five questions:

- a. 100% - yes, totally!
- b. 80% - very much more
- c. 60% - quite a bit more
- d. 40% - some
- e. 20% - a little

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## YOUR STORY:

Please feel free to write any other comments or “your story” about your experience sailing at Sail To Prevail or attending Confidence is Cool day camp. Here are some questions to help you get started, but *please feel free to write as much or as little as you like:*

**Introduction:** What is your name? Where do you live? What is your disability? How long have you been disabled?

**Sail To Prevail Experience:** How did you hear about Sail To Prevail? Was this your FIRST time sailing at Sail To Prevail? How did you feel about the idea of sailing before you went out the first time? Describe how you feel when you are sailing. What is your favorite thing about sailing? Describe how sailing affects (improves, hopefully) your life.

**Sharing with Others:** What would you say to encourage other disabled individuals to try sailing?

Please write here (or attach a separate page):

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*Thank you for sharing your story with us!*

## SHARE YOUR SAILING PHOTO:

*If you have a **favorite photo** from your time sailing, please let us share it with others by emailing it to: [patty@sailtoprevail.org](mailto:patty@sailtoprevail.org). Please **identify the people** in the photo and let us know the **year** it was taken, if possible.*

Mail this form to: Attn: Patty, Sail To Prevail, PO Box 1264, Newport RI 02840