

# ***SAIL TO PREVAIL, INC.***

## ***2012 Disabled Sailing Program***

### ***Registration Form***

*(Please submit for every individual who will be sailing including agency staff)*

***Today's Date:*** \_\_\_\_\_ ***Number of Boats:*** \_\_\_\_\_

Program:                      Recreational                      Instructional                      Rental                      Competitive

Client Type:                      Individual                      Agency

Time (circle one):                      10:00am-12:00pm                      1:00pm-3:00pm                      3:00pm-5:00pm                      \_\_\_\_\_ Other

#### ***Contact Information:***

Agency/Group \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(schedule change) \_\_\_\_\_ Email: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Emergency Contact \_\_\_\_\_

#### ***Participant Profile:***

What is your disability? \_\_\_\_\_

Will you or a member of your group need medication for your disability during a two-hour sail?

yes      no      Please explain: \_\_\_\_\_

yes      no      Have you participated in Sail To Prevail programs before?

Skill level as a sailor?                      Beginner                      Intermediate                      "Seasoned Salt"

Please read and sign "Waiver of Liability"                      Returned: \_\_\_\_\_