



## Sisters Under Sail Registration & Medical Information Form

### DATES

Select you 2009 passage:

<u>DATES</u>	<u>LEG</u>		<u>PROGRAM FEE</u>
<input type="checkbox"/> Jun. 15 - Jun. 19	New York City to Atlantic City	Boys	\$999
<input type="checkbox"/> Jun. 21 - Jun. 26	Atlantic City to Baltimore	Girls	\$999
<input type="checkbox"/> Jun. 28 - Jul. 3	Baltimore to Oyster Bay, NY	Girls	\$999
<input type="checkbox"/> Jul. 6 - Jul. 10	Oyster Bay to Salem, MA	Boys	\$999
<input type="checkbox"/> Jul. 11 - Jul. 31	Salem to Nova Scotia to Boston	Girls	\$999
<input type="checkbox"/> Aug. 2 - Aug. 7	Boston to Newport	Girls	\$999
<input type="checkbox"/> Aug. 9 - Aug. 14	Newport to Port Jefferson, NY	Girls	\$999
<input type="checkbox"/> Aug. 16 - Aug. 21	Port Jefferson to Mystic	Girls	\$999
<input type="checkbox"/> Aug. 23 - Aug. 28	Mystic to Cape Cod	Girls	\$999

**Space is limited to 6 girls/leg**

I am applying for the Alumnae Internship Program for the above marked passage and processing fee of \$250.

### PAYMENT INFORMATION

PAYMENT IN IS REQUIRED IN FULL AT THE TIME OF REGISTRATION.

**PLEASE MAKE CHECKS PAYABLE TO SISTERS UNDER SAIL.**

Send payment and other documentation to:

**Sisters Under Sail  
c/o Tallship Unicorn  
2 Gravel Hill Road  
Asbury, NJ 08802**

**TO PAY BY CREDIT CARD, PLEASE CALL**

Dawn Santamaria

**908 713 1808**



## TRAINEE and INTERN INFORMATION

TRAINEE/INTERN NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

DATE OF BIRTH:     /    /       CURRENT AGE:   

GOING INTO GRADE:   

CITIZENSHIP: \_\_\_\_\_ (NON-US RESIDENTS MUST PROVIDE BIRTH CERTIFICATE OR VALID PASSPORT)

## PARENTS/LEGAL GUARDIANS INFORMATION

PARENTS/LEGAL GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

FAMILY EMAIL ADDRESS: \_\_\_\_\_

IN CASE OF EMERGENCY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_



## HEALTH AND MEDICAL CARE RELATED INFORMATION

HEALTH INSURANCE CARRIER: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

GROUP #: \_\_\_\_\_

ID#: \_\_\_\_\_

**A FRONT AND BACK COPY OF INSURANCE CARD MUST ACCOMPANY THIS FORM**

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

DATE OF LAST PHYSICAL: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST'S ADDRESS: \_\_\_\_\_

TRAINEE/INTERN'S/INTERN'S WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

HAS THIS TRAINEE/INTERN HAD ANY OF THE FOLLOWING?

ASTHMA \_\_\_ HEPATITIS \_\_\_ MIGRAINE \_\_\_ DIABETES \_\_\_ EPILEPSY OR SEIZURES \_\_\_ DIZZINESS/FAINTING \_\_\_  
SINUSITIS \_\_\_ HEART CONDITION \_\_\_ CHICKEN POX \_\_\_ MUMPS \_\_\_ EARACHES \_\_\_ SKIN CONDITION \_\_\_  
SEVERE STOMACH ACHES \_\_\_ SLEEP WALKING \_\_\_ MENSTRUAL CRAMPS \_\_\_

ARE THERE ANY OTHER HEALTH PROBLEMS THAT WE SHOULD KNOW ABOUT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THIS TRAINEE/INTERN AFRAID OF HEIGHTS? YES \_\_\_ NO \_\_\_ NOT SURE \_\_\_

CAN THIS TRAINEE/INTERN SWIM? YES \_\_\_ NO \_\_\_ COMMENTS

\_\_\_\_\_

DOES THIS TRAINEE/INTERN HAVE NORMAL HEARING? YES \_\_\_ NO \_\_\_

IF NO, DOES THE TRAINEE/INTERN USE A HEARING AID? YES \_\_\_ NO \_\_\_



DOES THIS TRAINEE/INTERN HAVE NORMAL VISION WITH OR WITHOUT CORRECTIVE GLASSES OR CONTACT LENSES? YES \_\_\_ NO \_\_\_

DOES THIS TRAINEE/INTERN WEAR EYEGLASSES? YES \_\_\_ NO \_\_\_

DOES THIS TRAINEE/INTERN WEAR CONTACT LENSES? YES \_\_\_ NO \_\_\_

IS THIS TRAINEE/INTERN FULLY IMMUNIZED? YES \_\_\_ NO \_\_\_

DATE OF LAST TETANUS: \_\_\_\_\_

DOES THIS TRAINEE/INTERN HAVE ANY ALLERGIES? PLEASE LIST ANY KNOWN ALLERGIES AND IDENTIFY ANY HISTORY OF SERIOUS ALLERGIC REACTIONS:

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DOES THIS TRAINEE/INTERN HAVE ANY SPECIAL DIETARY NEEDS?

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DOES THIS TRAINEE/INTERN REQUIRE ANY REGULAR MEDICATION OR MEDICAL TREATMENT?

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**NOTE: ALL MEDICATION, PRESCRIPTION AND NON-PRESCRIPTION, ARE GIVEN TO THE CAPTAIN FOR SAFEKEEPING. WRITTEN INSTRUCTIONS MUST ACCOMPANY SUCH MEDICATIONS SO THAT THEY MAY BE GIVEN TO THE TRAINEE/INTERN AS REQUIRED.**

OTHER NOTES

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Sail training courses are physically demanding. Our 118-foot topsail schooner operates in all weather, 24 hours a day. TRAINEE/INTERNS live in close quarters and are encouraged to participate in all ship routines and program activities (swimming, keeping watch, going aloft, performing emergency drills, maintenance work, etc.) It is essential for the safety of the TRAINEE/INTERN and the total ship's company that your son/daughter/ward be medically and psychologically fit.

Our ship is supplied with first aid equipment and our officers are certified to deliver emergency first aid. We also have satellite telephones and cellular phones aboard which allow us to communicate with medical personnel, if required. Nevertheless, **it is important to recognize that our ship is sometimes many hours away from acute care medical services.** If your son/daughter/ward/ has a pre-existing condition (diabetes, asthma, seizure disorder, etc.) which may require emergency care during a course, please consult your physician and disclose the condition (see below) before signing this release.

It is the policy of Sisters Under Sail to control the use of all medications (prescription and/or non-prescription) while your child is aboard ship. Therefore, all medications are to be placed in a labelled Ziploc baggie with instructions from you, her legal guardian. We do dispense seasickness medication as needed.

I have read the information above and completed the medical information form. To the best of my knowledge, my son/daughter/ward is in good health and able to participate fully in Sisters Under Sail's youth sail training program. I give my permission for Sisters Under Sail to contact the physicians named above if more medical information is required. In case of a medical emergency, I give my permission for the employees and agents of Sisters Under Sail to administer first aid, and if I am not available for consultation, to select a physician who will secure proper medical treatment (including examination, medication, treatment, anaesthesia or surgery) for my above named son/daughter/ward.

**By signing this document I, \_\_\_\_\_(parent/legal guardian of TRAINEE/INTERN), acknowledge that I have read and have provided accurate information regarding the TRAINEE/INTERN. I also acknowledge that I have read and understand the Sisters Under Sail Handbook.**

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**I, \_\_\_\_\_(TRAINEE/INTERN), acknowledge that I have read and understand the Sisters Under Sail Handbook.**

DATE: \_\_\_\_\_ TRAINEE/INTERN SIGNATURE: \_\_\_\_\_