Sisters Under Sail
Registration & Medical Information Form

Last name of participant:______________________________

PLEASE SELECT YOUR 2012 PASSAGE:

	DATES	LEG	PROGRAM
☐	May 20 – May 25	Bridgeport to Greenport	women
☐	May 27 – Jun 1	Greenport to NYC	women
☐	Jun 3 – Jun 8	NYC to Oyster Bay	women
☐	Jun 10 – Jun 15	Oyster Bay to West Point	women
☐	Jun 17 – Jun 22	West Point to Perth Amboy	girls
☐	Jun 24 – Jun 29	Perth Amboy to New London	girls
☐	Jul 1 – Jul 13	New London to Boston	alumnae only
☐	Jul 14 – Aug 3	Nova Scotia Tour	alumnae only
☐	Aug 5 – Aug 10	Boston to Boston	girls
☐	Aug 12 – Aug 17	Boston to Provincetown	girls
☐	Aug 19 – Aug 24	Provincetown to Mystic Seaport	girls
☐	Aug 26 – Aug 31	Mystic Seaport to Bridgeport	girls

☐ I am a Sisters Under Sail alumna. Alumnae can sign-up for any “girls” week at a discounted rate of $999/voyage.

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 VISIT OUR PAYPAL LINK ON THE SISTERSUNDERSAIL.ORG WEBSITE

TRAINEE and INTERN INFORMATION

TRAINEE/INTERN NAME: ____

NICKNAME: _________________________

DATE OF BIRTH: _dd_/_mm_/_yyyy_ CURRENT AGE: _____

GOING INTO GRADE: _____

CITIZENSHIP: _____________ (NON-US RESIDENTS MUST PROVIDE A VALID PASSPORT)

PASSPORT INFORMTION FOR NOVA SCOTIA PASSAGE:

- Passport issued in what country__________________
- Passport number____________________

PARENTS/LEGAL GUARDIANS REQUIRED 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?

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

CAN THIS TRAINEE/INTERN SWIM? YES ____ NO ____ COMMENTS

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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 110-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.

PARENT/GUARDIAN SIGNATURE: ____

DATE: __________________

I, _____________________________________(TRAINEE/ALUMNA), acknowledge that I have read and understand the Sisters Under Sail Handbook.

TRAINEE/ALUMNA SIGNATURE: ____

DATE: ___________________