



# TALLSHIP UNICORN

## Sisters Under Sail Registration & Medical Information Form

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### **DATES**

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2007 SUMMER PROGRAM CHOICE:

<u>DATES</u>	<u>LEG</u>	<u>PROGRAM FEE</u>
<input type="checkbox"/> June 3 - 8	Bridgeport, CT to New York City	\$999/girl
<input type="checkbox"/> June 10 - 15	New York City to Atlantic City, NJ	\$999/girl
<input type="checkbox"/> June 18 - 22	Atlantic City to Perth Amboy, NJ	\$800/girl
<input type="checkbox"/> July 16 - 27	Halifax, Nova Scotia to Gloucester, MA	\$1500/girl
<input type="checkbox"/> Jul. 29 - Aug. 3	Gloucester, MA to Bridgeport, CT	\$999/girl
<input type="checkbox"/> August 5 - 10	Bridgeport, CT sailing Long Island Sound	\$999/girl

Space is limited to 6 girls/leg

### **PAYMENT INFORMATION**

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

**PLEASE MAKE CHECKS PAYABLE TO TRUE NORTH OF CLINTON.**

Send payment and other documentation to:

True North of Clinton  
c/o Tallship Unicorn  
2 Gravel Hill Road  
Asbury, NJ 08802

**TO PAY BY CREDIT CARD CALL**

Dawn Santamaria  
908 713 1808



## TRAINEE INFORMATION

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TRAINEE 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

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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

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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'S WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

HAS THIS TRAINEE 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 AFRAID OF HEIGHTS? YES \_\_\_ NO \_\_\_ NOT SURE \_\_\_

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

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

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



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

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

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

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

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

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

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DOES THIS TRAINEE HAVE ANY SPECIAL DIETARY NEEDS?

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DOES THIS TRAINEE 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 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. Trainees 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 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 Tallship Unicorn to control the use of medication (prescription or non-prescription) for the alleviation of symptoms of seasickness. Such medication may affect a trainee's performance in such a way as to compromise his/her safety. If, in the judgment of the Captain, the trainee's symptoms are severe and/or long-standing, the trainee will be relieved of his/her responsibilities and offered medication from the ship's first aid supplies.

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 Tallship Unicorn's youth sail training program. I give my permission for Tallship Unicorn 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 Tallship Unicorn 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), acknowledge that I have read and have provided accurate information regarding the trainee. I also acknowledge that I have read and understand the "Tallship Unicorn Trainee Handbook".**

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

**I, \_\_\_\_\_ (trainee), acknowledge that I have read and understand the "Tallship Unicorn Trainee Handbook."**

DATE: \_\_\_\_\_ TRAINEE SIGNATURE: \_\_\_\_\_