

Singles On Sailboats Inc. Cruise Registration

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

E-mail: _____ Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Please Check All That Apply

Cruise Name: _____ Date: ____/____/____

First cruise as SOS Member Yes No First Weekend Cruise Yes No

I am a Member of SOS

I am a Paying Invited Guest of (name of skipper) _____

I am a Nonpaying Guest of (name of skipper) _____

I am a First Mate and available for invitation from boats in the coordination (no payment)

I am sailing as Skipper First sail as an SOS Skipper Yes No Number of crew requested from the coordination: _____

I am a **NONMEMBER** and will be the guest of (name of member sponsor) _____

I am enclosing a check payable to SOS, Inc. in the amount of \$_____ (**Mail this form & payment to the Cruise Coordinator**)

Covid Vaccination:

I have not been vaccinated

I have received 1 of 2 doses

I am fully vaccinated

I am vaccinated with booster

I choose not to answer

Crew Covid Vaccination Preference:

I am comfortable sailing with crew who have not been vaccinated

I will sail if everyone is at least partially vaccinated

I will only sail if everyone is fully vaccinated

Skipper Covid Vaccination Policy:

I prefer crew to wear masks most of the time

I will accept crew regardless of vaccination status

I will only accept crew I personally invite

I will accept partially vaccinated crew

I will only accept fully vaccinated crew

I am not accepting crew

Self-Rated Sailing Experience Level:

I have never sailed before I am a novice I have low experience I have moderate experience I am experienced

Skills:

Highest level of SOS Basic Skills Program completed: Basic Skills Level I Level II Graduate

Basic Skills Check-out requested: Yes No

Misc:

I need a non-smoking boat I need a smoking boat (on deck only)

I will not accept a boat with pets Pets on board ok

I can leave Friday evening Yes No

Limitations:

I have the following limitations: _____

Additional Comments: (Information you want the coordinator to know): _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Waiver of liability:

While SOS stresses safety in every phase of the activity, sailing is not without risk. In signing below, I affirm that my health is good and that I assume any and all risks; whether on board, swimming, or on shore. I will not attempt to hold SOS, its officers or any member, captain (skipper) or first mate liable for any injury, illness, or damage incurred. I understand that I am not required to participate in any activity and that my choice to do so is voluntary. I recognize that it is my right and responsibility to accept or reject the invitation of a skipper to sail on his/her boat.

Signed: _____ Date: ____/____/____