



Adaptive Sailing Program Application



Adaptive Sailing
Wayzata Community Sailing Center
PO Box 768
Wayzata MN 55391
ernest@WayzataSailing.org

Name _____ Date _____

Address _____

City _____ State _____ Zipcode _____

Phone: Home _____ Work _____ Cell _____

email _____ Date of birth _____

Parent or Guardian (if applicable) _____

Current physician _____ Physician phone _____

Emergency Contact _____ Phone _____

Height ____ feet ____ inches Weight ____ lb Age ____

I am a disabled veteran with a service related disability VA I.D. number _____

Gender: Male Female T-shirt size _____

Impairment _____

Secondary conditions _____

Spinal cord injury : Level _____

Stroke Date _____ Area affected _____

Seizures Yes No If yes, what was the date of your last seizure? _____

Type of seizure? _____

Surgical procedures (include dates) _____

List any other conditions or issues WCSC should be aware of _____

Please list all medications _____

Allergies to medications _____

Other allergies _____

Cognitive ability Normal function Mildly challenged
 Moderately challenged Severely challenged

Hearing Normal Mild/moderate impairment Deaf
Speech Normal Mild/moderately affected Non-verbal
Vision Normal Mild/moderate impairment Blind

Mobility aids _____

Adaptive equipment _____

Does a Caregiver accompany you? Yes No

Please rate the following (1 = poor, 5 = excellent)

Upper body strength	_____	Comment	_____
Lower body strength	_____	Comment	_____
Balance	_____	Comment	_____
Endurance	_____	Comment	_____

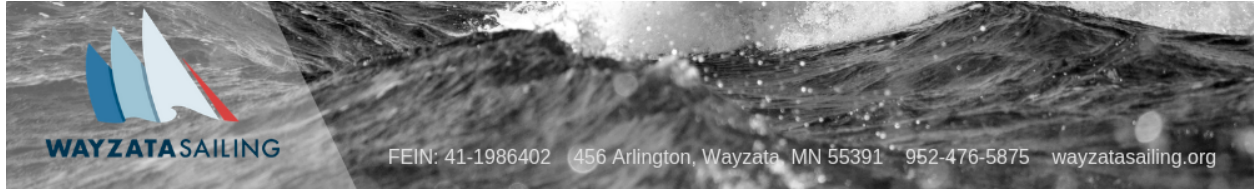
Sports Experience

Have you ever been swimming? Yes No

Please list other sports you have previously participated in including dates and levels (such as sailing, skiing, biking, basketball, etc.)

Sport	Dates	Levels
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your goals for this program? _____



Release

The undersigned parent or legal guardian of _____, a minor or ward, recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Wayzata Community Sailing Center to accept his/her child or ward into the Wayzata Community Sailing Center, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Wayzata Community Sailing Center, its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Wayzata Community Sailing Center or any activities on or the use of any facilities or equipment of Wayzata Community Sailing Center.

Signature of Parent or Guardian

Date

Photographic Release

The undersigned parent or legal guardian of _____, a minor or ward, grants to the Wayzata Community Sailing Center the right to record in audio, picture or other formats the image or likeness of me or my child or ward. I grant Wayzata Community Sailing Center the right to edit and use these recordings for promotional and/or instructional purposes.

Signature of Parent or Guardian

Date

Emergency Treatment Authorization

The undersigned parent or legal guardian of _____, a minor or ward, hereby authorizes and consents to any x-ray, examination, anesthetic, medical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the State of Minnesota Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature of Parent or Guardian

Date

Adaptive Sailing Privacy Policy

You have given Wayzata Community Sailing Center (WCSC) sensitive information about your minor/ward's health and physical condition. It is our policy to keep this information confidential among our volunteers. Our volunteers will be given information on a need-to-know basis. We will only give information as it relates to your ability to perform sailing activities and tasks.

WCSC will not share your information with other organizations or companies without your written permission. There may be some situations related to sailing and sailboat racing competition where we need to share some of your information with an organization. We will do so only with your written permission.

Signature of Parent or Guardian

Date