



**WAYZATA SAILING  
ADAPTIVE**

**Adaptive Sailing  
Program Application**



Wayzata Adaptive Sailing

PO Box 768  
Wayzata, MN 55391  
[ernest@wayzatasailing.org](mailto:ernest@wayzatasailing.org)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent or Guardian (if applicable) \_\_\_\_\_

Current physician \_\_\_\_\_ Physician phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Height \_\_\_\_\_ feet \_\_\_\_\_ inches Weight \_\_\_\_\_ lb Age

I am COVID-19 vaccinated No  Pfizer  Moderna  J&J

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

Gender:  Male  Female  Other \_\_\_\_\_ T-shirt size \_\_\_\_\_

Impairment \_\_\_\_\_

Secondary conditions \_\_\_\_\_

Spinal cord injury: Level \_\_\_\_\_

Stroke Date \_\_\_\_\_ Area affected \_\_\_\_\_

Seizures  Yes  No If yes, date of your last seizure? \_\_\_\_\_

Type of seizure? \_\_\_\_\_

Surgical procedures (include dates if recent) \_\_\_\_\_

List any other conditions or issues WAS 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/moderate 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	Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your goals for this program? \_\_\_\_\_

\_\_\_\_\_



## Release for an Adult

The undersigned applicant recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Wayzata Adaptive Sailing to accept applicant into the Wayzata Adaptive Sailing, the undersigned applicant covenants and agrees to hold harmless and indemnify the Wayzata Adaptive Sailing, 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 Adaptive Sailing or any activities on or the use of any facilities or equipment of Wayzata Adaptive Sailing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Photographic Release

The undersigned applicant grants to Wayzata Adaptive Sailing the right to record in audio, picture or other formats the image or likeness of me or my family members. The undersigned applicant grants Wayzata Adaptive Sailing the right to edit and use these recordings for promotional and/or instructional purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Adaptive Sailing Privacy Policy

You have given Wayzata Adaptive Sailing sensitive information about your 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.

WAS 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 Applicant

\_\_\_\_\_  
Date