



WAYZATA SAILING ADAPTIVE

Adaptive Sailing Program Application



Wayzata Adaptive Sailing

PO Box 768
Wayzata, MN 55391
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

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 _____

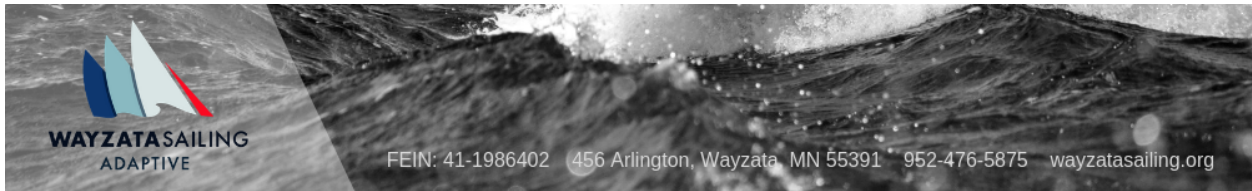
Sports Experience

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 a Minor

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 Parent or Guardian

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 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 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 Parent or Guardian

Date