



# Footloose Sailing Association Registration Form

Your personal information is shared with no one outside of Footloose Sailing Association, and not sold to mailing lists. The information is for our contact database, and medical information is collected purely for your safety in the event of an emergency.

Today's Date \_\_\_\_\_

### Membership Information

You are ( please circle one ) Participant Volunteer Participant's family / caretaker / friend of .....

Membership is \$15.

Donate &/or Paid: check\_ cash\_ paypal\_ \$15

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Day phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

Health Information (please circle all that apply.) Able bodied

Disability: SCI Vision Hearing Developmental Amputee Stroke Polio MS  
Brain Injury Other mobility issue Other \_\_\_\_\_

Has your doctor restricted you from any type of sport or activity? No Yes, explain

Are you currently under a doctor's care for any condition? No Yes, explain

In the past 6 months, have you had surgery on your head, neck, back, spinal cord or hips? No Yes, explain and please bring a doctor's release.

Prescription medications you take and/or carry with you? No Yes, name and purpose:  
Anti-seizure Blood pressure Epinephrine Heart meds Insulin Inhaler Other, explain

Medication Allergies (Please list meds and your reaction):

Other medical conditions: Food Allergy Other Allergies Asthma Diabetes Seizures Hypertension  
Heart Trouble Temperature sensitivity Dysreflexia/hyperreflexia Other, explain

Details:

What are your expectations for your experience with Footloose?

Footloose Sailing Association is a Federal tax-exempt non-profit 501c(3) incorporated in the State of Washington, and a Chapter of Disabled Sports USA

**For internal use only**