



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

Footloose Board, Volunteer and Participant Behavior Expectations:

All shall conduct themselves in a manner supporting the Footloose mission statement, safety policies and operation procedures.

Footloose is an all-volunteer organization. Please act with the highest volunteer ideals.

All are encouraged to learn as much as possible about disabilities, sailing, Footloose operations and equipment. This helps to improve safety, avoid injury and prevent damage.

Not permitted at Footloose activities and events are:

Alcohol, drugs (prescribed medicines exempted)

Chemically impaired behavior

Sexual harassment, lewdness or unwanted advances

Firearms (exemptions ; have concealed weapons permit or are law enforcement personnel)

Angry, argumentative, belligerent, bullying or violent behavior

Political statement or campaigning

Religious proselytizing or discussion

Non-Footloose related solicitation unless approved by the Footloose board

Failure to meet the above expectations can result in:

Being asked to leave the premises

Losing Footloose membership

Being asked to leave the organization and activities

911 call

Legal involvement

Redress is available with the Footloose board through normal meetings or special action.

Participant Behavior Standards:

Volunteers will make every attempt to accommodate the aspects of individuals disabilities.

However, they are not prepared or trained to handle significant behavioral issues (for example, violent behavior).

Participant Personal Needs:

Volunteers are not prepared or trained to handle significant personal care needs (for example restroom needs). Individuals requiring extra support for restroom and other personal care needs must provide their own caregiver. Also, volunteers will not dispense medications to participants.

Liability Issues:

Refusal or failure to fully fill out and sign the registration / liability form on a yearly basis by volunteers or participants will result in that person being told that they cannot participate in Footloose events and revocation of membership.

Signature: _____ Date: ____ / ____ / ____