

Footprints Adventures, Inc. Adult Application 2012

A finished application should be sent to Footprints Adventures, Inc. PO Box 5720 Dillon, CO 80435. A \$75 nonrefundable application fee is due after you are accepted into the program you are applying for, to hold your spot. Tuition for the program is due by June 1, 2012. Special offers and scholarships may be available, please contact Footprints for more details. Space is limited on the trips and applications are reviewed on a first come, first serve basis. This trip is for active participants with a limb difference or limb loss who have the ability to walk over varying terrain for a 2 mile distance. **If you have questions** please call (303) 726-3479 / (303) 921-9368 or e-mail footprintsadventures@gmail.com. For more information you can also visit the website at www.footprintsadventures.org.

Participant's Name _____ Preferred First Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Participant's E-mail _____ Phone # _____

Birth Date _____ Age in June 2012 _____ Gender **F M**

Height _____ Weight _____ T-Shirt Size **S M L XL XXL**

In Case of an Emergency contact _____ Relationship to you _____

Home Phone _____ Cell Phone _____ Work Phone _____

In Case of an Emergency contact (Different from contact listed above) _____

Home Phone _____ Cell Phone _____ Work Phone _____

How did you hear about Footprints? _____

Amputation or limb difference description _____

Do you use any devices (Prosthesis, Crutches, ect.)? _____

If you use prosthesis please explain the type and if it requires charging _____

What do you do for physical activity and how often?

Activities _____ Times per Week _____

Friends/relatives that may want to receive information about Footprints Adventures.

Name _____ Why would they be interested? _____

Address _____ City _____ State _____ Zip _____

I am enthusiastic about participating in the program. I understand that an enjoyable and fulfilling experience with Footprints Adventures depends on a positive attitude, the willingness to contribute to the whole group and the willingness to participate enthusiastically in the program's activities. I understand that disruptive behavior, the use or possession of any form of tobacco, alcohol or any illegal drug will result in an immediate return home, at my own expense and without refund. The program has a policy of no alcohol or illicit drug use that is enforced during all programs. This policy applies to all participants and on-duty employees and volunteers. This policy does not apply to drugs that are prescribed by a physician and used accordingly. Accreditation reviewers will consider context, congruency, and/or indications of inappropriate use or abuse of substances when examining this standard. I have read, understand and agree to abide by the application guidelines, payment schedule, refund policy, general information, and other Footprints Adventures' terms as stated.

Participant Signature _____ **Date** _____

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