

 **Footprints Adventures Inc. Registration Form 2010** 

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A finished application should be sent to Footprints Adventures Inc. Po Box 1853 Frisco, CO 80443 with a \$300 deposit. Deposits will be refunded only if placement is not possible such as the trip is filled or the trip was canceled. Remaining tuition of the trip is due by May 1, 2010. Special offers and scholarships maybe available please contact us 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 teens ages 16-18 with a limb difference or limb loss who have the ability to walk over varying terrain for a 2 mile distance. Questions please call (303) 726-3479 / (303) 921-9368 or e-mail [footprintsadventures@gmail.com](mailto:footprintsadventures@gmail.com). For more information you can also visit the website at [www.footprintsadventures.org](http://www.footprintsadventures.org).

Participant's Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Participant's E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Birth Date \_\_\_\_\_ Age in June 2010 \_\_\_\_\_ Gender **F M**

Current Grade in School \_\_\_\_\_ School Name \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ E-Mail \_\_\_\_\_

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 \_\_\_\_\_

What do you do for physical activity and how often?

Activity \_\_\_\_\_ Times per Week \_\_\_\_\_

Friends/relatives that may want to receive information about attending a Footprints trip.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am/my son or daughter is enthusiastic about participating in the program. We 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. We 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. We 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** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_