

Membership / Volunteer Application

The Disabled Sailing Association of Alberta provides disabled Albertans with the opportunity to access and enjoy sailing activities while promoting enhanced independence and community involvement.



Get on Board! Membership in DSA Alberta is open to everyone for a reasonable Membership Fee of \$40. Your Membership includes your first sail - FREE. Sailing fees are \$20 for each 2-hour sailing session. New members will be required to complete a **Participant Release and Assumption of Risk/ Medical Form** prior to sailing. DSA Alberta Volunteers may book our sailboats, courses and services by becoming a Member.

PLEASE PRINT: Membership Year: _____

Type of application: New Renewal Non-member Volunteer

Membership priority: Sailing Volunteering Supporting Member

Name: _____

Address: _____ Home Phone: _____

City: _____ Province: _____ Postal Code: _____ Work Phone: _____

Email Address: _____

Nature of Disability: Not Applicable

(Specify): _____

I DO NOT WANT my information published for access by other Members

I would like to receive DSAA notices, AHOY newsletters, etc. by E-MAIL ONLY

Sailing Skills and Interests: (check all that apply)

- I would like to sail with a qualified Sailing Companion
- I would like to sail independently
- I am qualified with CYA to sail at the level of _____
- I am interested in taking CYA sailing lessons with DSA-Alberta
- I am interested in Wednesday Night Racing series with the Glenmore Sailing Club
- I would like to participate in learning race rules and strategy

Volunteer Skills and Interests: (check all that apply)

- I am a certified DSA-Alberta Sailing Companion (earn sailing credits)
- I am a skilled sailor and wish to qualify as a Sailing Companion
- I will assist with program / event planning
- I will assist at demonstration / event days including DSAA Barbeques
- I will help to get the boats launched and ready to sail and/or get them out at night
- I will assist with boat & facilities maintenance and other odd jobs
- I have a trailer hitch and can assist in transporting boats to local regattas
- I can volunteer my professional skills (specify): _____
e.g. health care, accounting, legal, engineering, event coordination, fund raising, entertainment, catering, society management, disability awareness training, web design/maintenance, photography, public relations.

Applicant Signature: _____ OR Parent / Guardian: _____

Participant Release / Medical Form on file, dated: _____

Paid by: \$ 30 Cash, or Cheque # _____ for \$30 made out to the Disabled Sailing Association of Alberta

Received by: _____ Date: _____

Information is gathered for the express use of the Disabled Sailing Association of Alberta and is governed by legislation under FOIPP (Freedom of Information and Protection of Policy Act) www.gov.ab.ca/ascii/ACTS/WPD/F18P5.XT

Disabled Sailing Association of Alberta

Suite 402, Willow Park Centre, 10325 Bonaventure Drive SE, Calgary, Alberta T2J 7E4 (403) 225-8050 www.dsaalberta.org

PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK



Participant's Name _____

Participant's Age _____ (if minor)

Parent/Legal Guardian _____ Relationship _____

Address _____

City _____ Prov _____ Postal code _____

Phone _____ Email _____

In consideration of permission granted to participate in the Programs of the Disabled Sailing Association of Alberta (DSAA), I agree and acknowledge that:

1. I will abide by the rules imposed on the participants in the Program, and the instruction given or decisions made by the DSAA Staff.
2. I freely and voluntarily assume any risk and hazards inherent in the nature of the program and accordingly my participation in the program shall be entirely at my own risk.
3. I waive any claim I have against the DSAA, its executive or its members, arising from my participation in the program and agree to indemnify and save harmless the DSAA, including any claim for medical services arising from my participation in the program.
4. The DSAA may secure any medical advice and services as the DSAA staff, in his/her sole discretion, may deem necessary for my health and safety and I shall be financially responsible for the cost of such advice and services.
5. This RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK is binding upon myself, my executors, my guardians, administrators, personal representatives and assigns.

Dated at _____, Alberta this _____ day of _____, 20_____

Signature of participant **Given name** **Surname** **Witness**

Guardian/parent if required **Given name** **Surname** **Witness**

YOU MAY DUPLICATE THIS FORM AS REQUIRED

BOTH SIDES OF THIS FORM MUST BE COMPLETED

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MEDICAL INFORMATION

This information is confidential and collected only to ensure the safety of the participant and DSAA staff. Medical information will only be used and shared with medical personnel in the event of a medical emergency



Participant's Name _____

Age _____ Weight _____

Emergency contact name _____ Phone _____

Doctors name _____ Phone _____

Current medications: _____

Allergies: _____

Physical limitations or barriers to participation (fear of water, motion sickness, etc.)

Mobility or transfer considerations: (paralysis, low muscle tone, hyper-sensitivity, etc.)

Communication and/or cognitive barriers: _____

Other pertinent medical conditions (sensitivity to sun, exposure, etc.) _____

Comments: _____

Signature of participant _____ Date _____

Signature of Guardian/Parent _____ Date _____

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