

Participant Enrollment Application

**Enrollment:**

- Print this application, HSA Liability Form, HSA Medical Form, and the Photo Consent Form.
- Fill out the forms completely – Please read carefully the instructions on the Medical Statements and note that your responses must be spelled out completely YES or NO.
- Ensure the forms are signed and dated by the participant and the medical professional.
- Send the forms to the foundation by postal mail or you may scan the forms, then email them to us.

**Mail to:**

Cody Unser First Step Foundation  
P.O Box 56696  
Albuquerque, NM 87187  
(505) 792-9551

**Email:** Michele@CUFSF.org

**Questions:**

Call Shelley Unser, President, Cody Unser First Step Foundation at 505-792-9551  
Or Email Shelley at CUFSF@aol.com

**Participant Enrollment Information:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Disability Description / Level: \_\_\_\_\_

Home Phone (include area code): \_\_\_\_\_

Cell Phone (include area code): \_\_\_\_\_ Secondary Conditions: \_\_\_\_\_

Email: \_\_\_\_\_

SCUBA Cert#/Agency: \_\_\_\_\_

Scuba Gear Information:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Yes! You have my permission to share my photo and story. I will submit it to you by email.

*\* To help us with our awareness programs all participants are invited to submit a photo and a brief description of your story and why you want to learn about scuba diving. With your permission, we will post this on our web site to bring awareness to changing lives one dive at a time! See our January and March 2010 e-newsletters at [www.codysfirststep.org](http://www.codysfirststep.org)*

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Signature of Client/participant or legal representative                      date

\_\_\_\_\_  
Signature of Guardian                                      Print Name                                      date