

Participant Information 2012

Name of Participant: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Email Address: _____ Male: ___ Female: ___

Address: _____

City, State, Zip _____

Phone(s): Cell: _____ Home: _____ Work: _____

Emergency Contact: _____ Number: _____

Disability and Medical Information

PHYSICAL: _____ Date of Onset/Accident¹: _____

Describe (level of injury, level of function, mobility equipment used, VI? Level of vision, glasses/contacts, HI? Need ASL interpreter?, affected body parts, etc):

COGNITIVE: _____ Date of Onset/Accident: _____

Describe: (level of cognition, stressors, motivators, etc):

ALL PARTICIPANTS:

List any medications², dosage, what for: _____

Allergies (food, meds, reaction): _____

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Has the participant ever had a seizure? _____ If so, when was the last one? _____

Describe what type of seizure _____ Are they controlled? _____

Does participant have a shunt?: _____

¹ If it has been less than one year from the date of accident, illness, or injury, please provide us with written permission from your doctor to participate as this is a MAS guideline for safe participation.

² MAS cannot administer medication. If meds need to be given to participant during lesson times and participant is unable to administer the medication themselves, please make arrangements with the instructor to meet at the given time.

Describe any medical concerns we should be aware of: _____

Any recent injuries, illnesses, surgeries, or skin breakdowns in the last year? Please provide dates and specifics: _____

List body parts susceptible to cold, heat, impact: _____

List other activities the participant participates in: _____

What are the participants goals while at MAS? _____

How did you hear about the program?: _____

Snow sport Information

Height _____ Weight³ _____ Shoe size _____

Skied before? Yes ___ No ___ - Number of times since disability: _____

If skied with MAS before, name of previous instructors: _____

Terrain skied since disability ___ green ___ double green ___ blue ___ double blue ___ black ___ double black ___ bumps ___ Nastar

What method do you use? (check all that apply)

___ alpine ___ snowboard ___ mono ski ___ bi-ski ___ VI guide

___ 3 track ___ 4 track ___ slider ___ don't know

Do you need rental equipment ___ yes ___ no

Do you need adaptive equipment? ___ yes ___ no

What equipment have you used in the past? _____

³ Due to equipment limitations and the safety of participants and instructors, we have a 200 lbs weight limit for all sit down participants.