

MOVING MOUNTAINS ADAPTIVE PROGRAM REGISTRATION FORM

PARTICIPANT INFORMATION

Veteran? Y N Military Branch and Rank _____

NAME _____ EMAIL: _____

PHONE NUMBER (W) _____ (H) _____ (cell) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOB _____ AGE _____ MALE _____ FEMALE _____ HEIGHT _____ WEIGHT _____ SHOE SIZE _____

EMERGENCY INFORMATION: (contact information for the time of the scheduled lesson)

EMERGENCY CONTACT PERSON _____ PHONE () _____

PARENT INFORMATION: (If participant is under 21)

PARENT NAME _____ PHONE(w) _____ (cell) _____

Please indicate if you would like to be called on short notice if a lesson slot is available: _____yes _____no

Contact information to alert you to lesson availability (email and/or phone): _____

MEDICAL INFORMATION:

PARTICIPANT'S DISABILITY _____ DATE OF ONSET _____

DOES STUDENT USE A WHEELCHAIR? Y N % OF TIME _____ INJURY/LESION LEVEL _____

IS STUDENT ABLE TO WALK? Y N % OF TIME _____ MOBILITY AIDS _____

DOES STUDENT FATIGUE AFTER TRAVELLING DISTANCES? Y N

CAN BALANCE BE AN ISSUE WHEN WALKING? Y N

DOES STUDENT NEED SUPPORT FROM MID-LEVEL CHEST AND UP? Y N

DOES STUDENT LEAN? LEFT, RIGHT, NEITHER

DOES STUDENT HAVE SEIZURES? Y N

DATE OF MOST RECENT SEIZURE _____ WHAT HAPPENS BEFORE THE SEIZURE _____

WHAT HAPPENS DURING THE SEIZURE _____

DOES STUDENT HAVE DIFFICULTY WITH ANXIETY/ANXIOUS SITUATIONS? Y N

PLEASE DESCRIBE _____

IS STUDENT CURRENTLY TAKING ANY MEDICATIONS? YES NO

LIST MEDICATIONS AND PURPOSE

DEAF/HARD OF HEARING? DOES STUDENT USE HEARING AIDS? Y N

DOES STUDENT USE SIGN LANGUAGE? Y N

BLIND/VISUALLY IMPAIRED? Y N TYPE OF VISION LOSS _____

IF NON-VERBAL, CAN STUDENT COMMUNICATE VIA A DIFFERENT MEANS? Y N

IF YES, PLEASE DESCRIBE _____

IS STUDENT CURRENTLY UNDER A PHYSICIAN'S CARE FOR ANY REASON? Y N

EXPLAIN _____

PLEASE LIST FOOD, MEDICATION OR ANY OTHER ALLERGIES

LATEX ALLERGY? Y N

DOES STUDENT HAVE ANY SPECIFIC CONDITIONS WE SHOULD BE AWARE OF? Y N

(Diabetes, heart trouble, spinal stabilization, shunts, asthma, catheter, etc...)

SKILL LEVEL INFORMATION:

SKIED/SNOWBOARDED BEFORE? Y N SKIED/SNOWBOARDED SINCE INJURY? Y N WHEN? _____

DOES STUDENT OWN ANY OF THE EQUIPMENT TO BE USED DURING THE LESSON? Y N

DETAILS _____

COMPLETED BY: _____

SIGN AND DATE: _____