

| | | |
|----------------|------|------------------------------------|
| Date of Birth: | Age: | Developmental Age (if applicable): |
|----------------|------|------------------------------------|

| | | | |
|---------|---------|----------|---------------------|
| Height: | Weight: | Gender:: | Preferred Pronouns: |
|---------|---------|----------|---------------------|

Shoe Size

Left:Right:

Ethnicity
☐ Not Declared ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other

☐ **I need equipment for my lessons:**

Which activities have you done before (check all that apply).

☐ Mountain Biking: ☐ Rock Climbing(Indoor/Outdoor): ☐ Kayaking: ☐ Hiking:

Other:

If you have done any of the above activities please indicate when (date), with whom (program) and how long.

- Activity Preference:
- ☐ Unknown - I don't know what I can/want to do
 - ☐ Hiking - Hiking in the Flagstaff area
 - ☐ Private aMTB Lesson - Biking, Kayaking, or Climbing instruction
 - ☐ Kayaking - Kayaking (Single/Tandem)
 - ☐ Rock Climbing - Indoor Climbing in Flagstaff
 - ☐ Group aMTB ride (need bike) - Group Rides with various times and locations
 - ☐ Attending - Attending a event or program with no specific activity
 - ☐ Youth Group Ride - Group ride for ages 8-15
 - ☐ Private Kayaking Lesson - Tailored private lesson
 - ☐ Private Climbing Lesson - Tailored private lesson
 - ☐ Special Event (Kayaking) - Event or clinic with multiple activities and partners
 - ☐ Special Event (Biking) - Event or clinic with multiple activities and partners
 - ☐ Group aMTB Ride (Have own bike) - Group Rides with various times and locations

How Many Are In Your Party(For events):
Any additional prevalent information?:

☐ **I need equipment for my lessons:**

Which activities have you done before (check all that apply).

☐ Downhill/SitSki: ☐ CrossCountry: ☐ Snowboard: ☐ Snowshoe:

If you have done any of the above activities please indicate when (date), with whom (program), where (ski area) and how long.

- Snowsport Preference:
- ☐ Unknown - I don't know what I can/want to do
 - ☐ Intro to Snow Alpine - For first timer only. Test out the equipment and snow before committing to a full lesson

- ☐ Intro To Snow Snowboard - For first timer only. Test out the equipment and snow before committing to a full lesson
- ☐ Mountain Adventurers - Group Lesson
- ☐ Two Track - Typical stand-up skiing
- ☐ Youth Lesson (Under 12) - Typical stand-up skiing (Under 12)
- ☐ Three Track - Skiing on one leg with standup outriggers
- ☐ Four Track - Skiing on two legs with standup outriggers
- ☐ Slider - Stand up skiing on one or two legs using a 'walker' on skis
- ☐ Bi-Ski - Sit skiing on a device with two skis attached
- ☐ Bi-Ski Fixed - Sit skiing on a device with 2 skis attached and 1 or more fixed outriggers for additional balance
- ☐ Mono-Ski - Sit ski device on one ski, harder to balance, but offers more independence
- ☐ Tetra Ski - Joystick or Sip and Puff controlled sit ski
- ☐ Sno Go - 3-skied snow bike (Standing and holding handle bars)
- ☐ Snowboard - Snowboarding with or without special equipment.

Past Instructor Preference:

Any additional prevalent information?:

Please Check All Disabilities That Apply to You.

☐ **Allergies**
Please Describe

☐ **Altitude Problems**
Please Describe

☐ **ALS (Amyotrophic lateral sclerosis) Lou Gehrig's**
☐ **Wheelchair** ☐ **Walker** ☐ **Braces**
Transfer Help

Other Issues

☐ **Amputations**

| | | | |
|---|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> AK Right | <input type="checkbox"/> BK Right | <input type="checkbox"/> AE Right | <input type="checkbox"/> BE Right |
| <input type="checkbox"/> AK Left | <input type="checkbox"/> BK Left | <input type="checkbox"/> AE Left | <input type="checkbox"/> BE Left |
| <input type="checkbox"/> Shoulder Right | <input type="checkbox"/> Hip Right | | |
| <input type="checkbox"/> Shoulder Left | <input type="checkbox"/> Hip Left | | |

Onset

☐ **Anxiety**

Please Describe

☐ **Asthma**

Triggers

Inhalers

☐ **Autism Spectrum**

☐ADD ☐ADHD

☐Aspergers ☐Sensory Processing Disorder

☐Learning Delays ☐Verbal ☐Non-verbal

Please Describe

☐ **Blind / Vision Impaired**

☐ Partial ☐ Full

Type

Onset

☐ **Burns**

Please Describe

☐ **Cardiac Issues**

Please Describe

☐ **Cerebral Palsy**

| | | | |
|-------------------------------------|---------------------------------|---------------------------------|------------------------------|
| <input type="radio"/> Flaccid | <input type="radio"/> Spastic | <input type="radio"/> Athetoid | <input type="radio"/> Ataxic |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Braces | |

Transfer Help

☐ **Cognitive Disorder**

☐ **Learning Delays** ☐ **Motor Delays** ☐ **Speech Delays**

☐ **Wheelchair** ☐ **Walker** ☐ **Braces**

Cognitive Age

☐ **Deaf / Hard of hearing**

☐ **Partial** ☐ **Full**

☐ **Lip Read** ☐ **Sign**

Type

Onset

☐ **Developmental Delays**

☐ **Emotional Delays** ☐ **Learning Delays** ☐ **Motor Delays**

☐ **Wheelchair** ☐ **Walker** ☐ **Braces**

Transfer Help

Cognitive Age

☐ **Diabetes**

| | | | |
|----------------------------------|---------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Insulin | <input type="checkbox"/> Type 2 | <input type="checkbox"/> Neropathy | |
| | | <input type="checkbox"/> Hands | <input type="checkbox"/> Feet |

☐ **Down Syndrome**

- ☐ **Multiple Sclerosis**
☐ **Wheelchair** ☐ **Walker** ☐ **Braces**

Transfer Help

- ☐ **Muscular Dystrophy**
☐ **Wheelchair** ☐ **Walker** ☐ **Braces**

Transfer Help

- ☐ **Orthopedic Fixation**

Please Describe

- ☐ **Parkinson's**

Please Describe

- ☐ **Polio / Post Polio**
☐ **Wheelchair** ☐ **Walker** ☐ **Braces**

Transfer Help

- ☐ **PTSD**
☐ **Military Related**

Onset

Cause

- ☐ **Seizures**
☐ **PetitMal** ☐ **GrandMal** ☐ **Tonic Clonic**

Last Seizure

- ☐ **Spina Bifida**
☐ **Wheelchair** ☐ **Walker** ☐ **Braces**

Transfer Help

Comments

- ☐ **Spinal Cord Injury**

Level

- ☐ **Partial** ☐ **Full**

- ☐ **Wheelchair** ☐ **Walker** ☐ **Braces**

Transfer Help

- ☐ **Traumatic Brain Injury/Stroke**

- ☐ **CVA-Stroke** ☐ **TBI**

- ☐ **Seizures (please mark the seizures box and type.)**

- ☐ **Wheelchair** ☐ **Walker** ☐ **Braces**

Onset

Cause

Transfer Help

- ☐ **Other**

Please Describe

Please describe how the participant's disability affects their behavior/mood and/or physical ability.:

For the best possible 'Adaptive Lesson' please provide us with information on how to best motivate the participant, and/or things we should not do:

☐ I am a US military veteran

Branch of Service:

Rank at discharge:

☐ I have combat related injuries

☐ I was injured before 2001