

Scholarship: **No**

Date of Birth:	Age:	Developmental Age (if applicable):
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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). <input type="checkbox"/> Mountain Biking: <input type="checkbox"/> Rock Climbing(Indoor/Outdoor): <input type="checkbox"/> Kayaking: <input type="checkbox"/> Hiking: Other:
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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
- Mountain Biking - Mountain biking (Beginner, Intermediate, Advanced)
- Kayaking - Kayaking (Single/Tandem)
- Rock Climbing - Indoor or Outdoor Climbing in Flagstaff

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
- Two Track - Regular downhill stand up skiing.

- 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 2 legs using a walker on skis
- Bi-Ski - Sit skiing on a device with 2 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 - Higher performance and harder to balance than a Bi-Ski. Only 1 ski attached.
- Tetra Ski - Joystick or Sip and Puff controlled sit ski
- Ski Bike - Bike that rides on snow.
- 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

Medications

NAME	DOSAGE / TIMES PER DAY	REASON

Please describe how the participant's disability manifests itself in terms of type(s) of behavior which may be seen, or how the physical condition affects the participant:

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

<input type="checkbox"/> I am a US military veteran	
Branch of Service:	Rank at discharge:
<input type="checkbox"/> I have combat related injuries	
<input type="checkbox"/> I was injured before 2001	