

Date of Birth:	Age:	Developmental Age (if applicable):
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Height:	Weight:	Gender::	Preferred Pronouns:
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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 Confirmed - Hiking in the Flagstaff area
 - ☐ aMTB Private Confirmed - Mountain biking (Beginner, Intermediate, Advanced)
 - ☐ Kayaking Confirmed - Kayaking (Single/Tandem)
 - ☐ Rock Climbing - Indoor Climbing in Flagstaff
 - ☐ Group ride confirmed - Group Rides on Fridays and Sundays
 - ☐ HCAS Cancels -
 - ☐ Attending - Varies

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.
 - ☐ Two Track Under 12 - Regular downhill 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 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
- Sno Go - 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

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