

Participant Registration Form 2022-2023

* Indicates required question



1. Have you participated in activities before with us? *

Check all that apply.

- Yes
 No

2. Will the participant be? *

Mark only one oval.

- Alpine Skiing
 Snowboarding
 Nordic Skiing
 Snow Shoeing
 Rock Climbing
 Ice Climbing
 Sled Skating
 Cycling

3. Participant First Name *

4. Participant Last Name *

5. Gender *

6. Age *

7. Date of birth *

Example: January 7, 2019

8. Address, including street, city, town, state and zip code *

9. Email address: *

10. Primary phone number *

11. Type of phone: *

Check all that apply.

- Home
- Cell/ mobile
- Work
- Other: _____

12. Secondary phone number

13. Is participant their own legal guardian? *

Check all that apply.

- Yes
- No

14. If the answer is No, the participant's legal guardian or representative must sign the waiver and release of liability agreement on your behalf. Guardian full name and phone number:

15. Guardian relationship to participant:

16. Emergency Contact Full Name and relationship: *

17. Emergency contact's phone number(s): *

18. Height: *

19. Weight: *

20. Disability: *

21. Date of Onset: *

22. General Health (check one): *

Check all that apply.

- Excellent
- Very Good
- Good
- Poor

23. What Medications are you taking?

24. Do you have side effects to any of these medications?

Check all that apply.

Yes

No

25. If Yes, what are they?

26. Do you have visual or auditory impairment? *

Check all that apply.

Yes

No

27. If you answered "Yes," please describe.

28. Do you have a spinal cord injury? *

Check all that apply.

Yes

No

29. If you answered "Yes," what is the level of your injury?

30. Has your doctor restricted your engagement in sport, recreation or exercise? *

Check all that apply.

Yes

No

31. If you answered "Yes," please explain.

32. Do you have seizures? *

Check all that apply.

Yes

No

33. If Yes, what type of seizures?

34. Are they controlled?

Check all that apply.

Yes

No

35. What was the date of your last seizure?

Example: January 7, 2019

36. Allergies:

37. Food restrictions:

38. Are there parts of your body susceptible to heat or cold? *

Check all that apply.

Yes

No

39. If Yes, please explain.

40. Are there parts of your body susceptible to impact or injury? *

Check all that apply.

Yes

No

41. If you answered "yes." please explain.

42. Do you use assistive devices? *

Check all that apply.

Yes

No

43. If so, what device(s) do you use?

44. Are you independently mobile? *

Check all that apply.

Yes

No

45. Are you independent with personal care? *

Check all that apply.

Yes

No

46. Do you have any of the following chronic conditions? Check all that apply:

Check all that apply.

Asthma

Heart condition

High blood pressure

Diabetes

Autonomic Dysreflexia

Spasticity

Ataxia

Sensory loss

Limb weakness

Core weakness

Balance issues

Coordination issues

Other: _____

47. Do you have any of the following cognitive/ behavioral issues?

Check all that apply.

- Impulsivity
- Anxiety
- Confusion
- Attention deficit
- Memory loss
- Low frustration tolerance
- Difficulty sequencing
- Other: _____

48. Describe any issues checked above.

49. Some of our funding sources and opportunities require demographic information. *
This information is aggregated and generalized, and never linked to a specific participant. Sex:

Check all that apply.

- Male
- Female
- Intersex
- Decline to identify
- Other: _____

50. What are your preferred pronouns?

Check all that apply.

- He/him/his
- She/her/hers
- They/them/theirs
- Other: _____

51. What race do you identify as? Check all that apply.

Check all that apply.

- American Indigenous/ Native or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Decline to identify
- Other: _____

52. What is your ethnicity?

Check all that apply.

- Hispanic or Latinx
- Not Hispanic or Latinx
- Decline to Identify

53. Are you a veteran? *

Check all that apply.

- Yes
- No
- Decline to identify

54. Do you need rental equipment? *

Mark only one oval.

Yes

No

Other: _____

55. Describe any goals the student may have

56. Form Completed by (Print name):

57. Signature:

58. Date

Example: January 7, 2019

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