



Adaptive Sports  
at Mount Snow  
2018-19 Client Information

changing lives every day

**Contact Information**

Client Name:

Parent/Caregiver Name:

Primary Phone:

Secondary Phone:

Email:

Street Address:

City:

State:

Zip Code:

Emergency Contact Name:

Relationship:

Emergency Primary Phone:

Emergency Second Ph:

Who is completing this form?(relationship):

**Client/Student Information**

Note: For safety, the weight limit for our sit skis is 200lb. A lesson can be provided if student brings own equipment, can independently lift load/unload, and can ski independent of tethering

Disability:

Date of Onset:

Date of Birth:

Height:

Weight:

Gender M F

Occupation:

Seizures? Yes

No

*If yes, type and date of last?*

**CLIENT ALLERGIES**

**Client Medications, What Used For, Side Effects**

Name:

### Physical

Mobility method:

How long able to remain active?

If need to limit activity for any reason, explain:

Participate in exercise, PT or OT program?

Bladder/Bowel: Self      Assisted      If assisted, explain

Limited range of motion in any limbs or head; spasticity? Yes      No

If Yes please describe:

Body strength (e.g. Paralyzed, Weak, Average, Strong)

Upper Body, Left:

Upper Body, Right:

Lower Body, Left:

Lower Body, Right:

Please answer the following, use the space to the right to elaborate if necessary:

- Yes      No      Difficulty with balance?
- Yes      No      Circulation issues?
- Yes      No      Difficulty feeling hot and cold?
- Yes      No      Visual Impairment?
- Yes      No      Hearing Impairment?
- Yes      No      Sensory Overload?

Please provide any additional pertinent physical/motion/coordination/sensory information:

Name:

**Communication** use the space to the right to elaborate if necessary:

Yes      No      Able to make needs met to instructor?

Yes      No      Difficulty speaking or communicating?

Yes      No      Difficulty remembering things?

Yes      No      Difficulty learning new things?

Yes      No      Difficulty following directions?

Please use space below to further elaborate if needed:

Yes      No      Non-verbal communication?

If Yes, type? (Mayer Johnson Symbols, Sign Language, PECS, other)

**Behavior/Emotion**

Yes      No      Impulsivity?

Yes      No      Become frustrated?

Yes      No      Anger easily/Anger with frustration?

Yes      No      Perseveration?

Yes      No      Lose physical control (kicking, punching, biting, head butting, etc.)?

Yes      No      Lose verbal control?

Yes      No      Flight risk?

If YES to any, please explain further:

Particular behaviors for instructors to encourage or discourage?

Known effective ways to create/maintain positive experience:

Name:

### Snowsports Information

Yes No Have you/client ever skied or snowboarded before?

If Yes: Which sport: Ski Snowboard

Where:

How Many Times

Specialized Adaptive Equipment Used: Bi-Ski\* Mono-Ski\* Outriggers

Tip-clamps Tethers Slider

Other

Adaptive Equipment Preference?

What are goals for this lesson/season?

Please provide any other information that will help ASMS create a safe, fun, enjoyable experience!

#### Stand-up Ski/Snowboard Rental information:

Ski/Snowboard Boot Size, if known

Shoe Size:

Ski/Snowboard length, if known:

Age:

Height:

Weight\*:

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#### OFFICE USE ONLY Current

DSUSA Waiver?

Media Waiver?

Year: