

## Appendix 6

### CADS Student Information and Medical Form

CONFIDENTIAL

Date: \_\_\_\_\_

NEW Student       RETURNING Student

#### Section 1- PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_  
Date of Birth: \_\_\_\_\_ (yy / mo / day). Provincial Health Card Number: \_\_+\_\_\_\_\_  
Gender:  Male     Female  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

#### Section 2- EMERGENCY CONTACT INFORMATION

Primary Address: Street/ \_\_\_\_\_  
City/ \_\_\_\_\_ Postal Code/ \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Parent/ Guardian Names (if applicable): \_\_\_\_\_  
Parental consent (if child) for retrieving from Resort if not Parent or Guardian \_\_\_\_\_  
Name of Emergency Contact: \_\_\_\_\_  
Relationship to Skier: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Section 3- SKI/ SNOWBOARD EXPERIENCE

Skied or Snowboard before? \_\_\_\_ (Y/N). If Yes, complete Section 3, if No, go the section 4.

##### Level of skiing/ boarding ability:

Never skied/ boarded \_\_\_\_ Beginner \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_

Number of days \_\_\_\_ or seasons \_\_\_\_ of snow sport activity.

Tethered \_\_\_\_ 3 Track \_\_\_\_ 4 Track \_\_\_\_ Sitski : (Quadski: \_\_\_\_ BiSki: \_\_\_\_ MonoSki: \_\_\_\_ other sitski equipment: \_\_\_\_)

Tandem: \_\_\_\_ Snowboard \_\_\_\_ Stand-up skier \_\_\_\_

Details of your experience: \_\_\_\_\_



## Section 4- GENERAL INFORMATION:

### PHYSICAL information:

Allergies (specify applicable environmental/ food/ medical) \_\_\_\_\_  
 Does participant use/ carry an epi-pen? \_\_\_\_\_ (Y/N)  
 Amputee \_\_\_\_\_ specify type \_\_\_\_\_ location \_\_\_\_\_  
 Arthritis \_\_\_\_\_  
 Arthrogryposis \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Atlanto- axial dislocation (please list last x-ray date) \_\_\_\_\_  
 Bladder/ Bowel issues or adaptations \_\_\_\_\_  
 Brain Injury \_\_\_\_\_ (specify) \_\_\_\_\_  
 Cerebral Palsy \_\_\_\_\_  
 Congenital Heart Disease \_\_\_\_\_  
 Cystic Fibrosis \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Epilepsy \_\_\_\_\_  
 Feeding Tube \_\_\_\_\_  
 Hearing Impaired \_\_\_\_\_ (specify degree) \_\_\_\_\_  
 Heart Problems \_\_\_\_\_  
 Multiple Sclerosis \_\_\_\_\_  
 Muscular Dystrophy \_\_\_\_\_  
 Parkinson's disease \_\_\_\_\_  
 Post-Polio \_\_\_\_\_  
 Respiratory Disease \_\_\_\_\_  
 Scoliosis \_\_\_\_\_  
 Seizure disorder : \_\_\_\_\_  
 If Yes: Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Typical time of day \_\_\_\_\_  
 Type \_\_\_\_\_ Date of last seizure \_\_\_\_\_  
 Shunt \_\_\_\_\_  
 Spina Bifida \_\_\_\_\_  
 Spinal Cord Injury \_\_\_\_\_  
 If yes: level \_\_\_\_\_ paraplegic \_\_\_\_\_ quadriplegic \_\_\_\_\_ Complete \_\_\_\_\_  
 incomplete \_\_\_\_\_  
 Stroke \_\_\_\_\_  
 If Yes : degree \_\_\_\_\_ side affected \_\_\_\_\_  
 Visual Impairment \_\_\_\_\_  
 If Yes: degree \_\_\_\_\_ glasses \_\_\_\_\_ contacts worn \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

### MOBILITY information:

Independent: \_\_\_\_\_  
 Person- Assisted (specify): \_\_\_\_\_  
 Braces: \_\_\_\_\_  
 Canes/ crutches: \_\_\_\_\_  
 Manual Wheelchair: \_\_\_\_\_  
 Electric Wheelchair: \_\_\_\_\_  
 Is transfer assistance required? \_\_\_\_\_  
 Describe any challenges with mobility and/ or gait that may affect participation in snow sports: \_\_\_\_\_

### Person living with Visual Impairment:

VI impairment (disease) and degree of vision in : Left eye \_\_\_\_\_ Right eye \_\_\_\_\_  
 Mobility requires use of : Canes \_\_\_\_\_ guide dogs \_\_\_\_\_  
 Secondary hearing loss challenges - identify Left \_\_\_\_\_ Right \_\_\_\_\_ required corrective measures: louder guide voice \_\_\_\_\_  
 ski /walk closer to guide \_\_\_\_\_ helmet radios \_\_\_\_\_  
 Muscle tone \_\_\_\_\_ (hypertonicity \_\_\_\_\_ hypotonicity \_\_\_\_\_)



**DEVELOPMENTAL information:**

Autism: \_\_\_\_\_ level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_

Down syndrome: \_\_\_\_\_

Severity code (Mild \_\_\_\_\_

Moderate \_\_\_\_\_

Severe \_\_\_\_\_ Profound \_\_\_\_\_)

Fragile X \_\_\_\_\_

Other (specify): \_\_\_\_\_

**LEARNING DISABILITY information:**

Perceptual difficulty: \_\_\_\_\_

Brain injury: \_\_\_\_\_

Distractibility: \_\_\_\_\_

Hyperactivity: \_\_\_\_\_

Dyslexia: \_\_\_\_\_

Attention Deficit Disorder: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**BEHAVIOUR information:**

Acting out: \_\_\_\_\_

Frustration tolerance: \_\_\_\_\_

Social Skills: \_\_\_\_\_

Aggressive: \_\_\_\_\_

Self-abusive: \_\_\_\_\_

Impulsive: \_\_\_\_\_

Self esteem: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**PSYCHOLOGICAL / EMOTIONAL information:**

Anti-Social: \_\_\_\_\_

Anxiety: \_\_\_\_\_

Depression: \_\_\_\_\_

Disorientation: \_\_\_\_\_

Eating Disorder: \_\_\_\_\_

Neurosis: \_\_\_\_\_

Psychosis: \_\_\_\_\_

Schizophrenia: \_\_\_\_\_

Substance abuse: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**COMMUNICATION information:**

Verbal: \_\_\_\_\_

Non-Verbal: \_\_\_\_\_

Signs: \_\_\_\_\_

Other: \_\_\_\_\_

**Section 5- ADDITIONAL INFORMATION**

Current medications? Please list type and purpose: \_\_\_\_\_

Recent injuries, illnesses, surgeries or hospitalizations we should be aware of (describe): \_\_\_\_\_



### Section 6- LEARNING ENVIRONMENT

How does the participant behave when upset or frustrated? \_\_\_\_\_

Methods to make learning easier (e.g. visual, tactile, verbal, etc.): \_\_\_\_\_

Is the participant able to follow directions? \_\_\_\_ To problem solve? \_\_\_\_

Any additional information that would be helpful for the instructor: \_\_\_\_\_

VIs determination of whether they see better at night? During day? \_\_\_\_\_

VIs other environment considerations : low light conditions \_\_\_\_\_ bib color selection \_\_\_\_\_

### Section 7- PARTICIPANT RECREATION AND LEISURE INFORMATION

List other sports/ activities participated in: \_\_\_\_\_

Which of the following barriers restrict physical activity? Indicate all that apply.

Lack of endurance: \_\_\_ Lack of coordination: \_\_\_ Lack of mobility: \_\_\_ Lack of flexibility: \_\_\_ Spasticity: \_\_\_ Paralysis: \_\_\_

Lack of strength \_\_\_ Muscle Tone: \_\_\_ Susceptible to cold: \_\_\_ Susceptible to overheating: \_\_\_ Susceptible to impact: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Hyperactive and Hypoactive: \_\_\_\_\_

### Section 8- OTHER

What expectations do you have of your CADS experience? \_\_\_\_\_

Please write a personal goal that the student will work towards through participation with CADS: \_\_\_\_\_

