

**RIM OF THE WORLD SPECIAL ATHLETESADAPTIVE SPORTS  
PARTICIPANT INFORMATION -- 2018**

**Name of participant:**

**Parent/Caregiver:**

**Address:**

**City** **State** **Zip**

**Phone: Home**

**Cell**

**Business**

**Email:**

**Occupation (parent or participant):**

**Employer:**

**Gender:**  Male  Female **Date of Birth** \_\_\_\_\_

**Height:** **Weight:**

**What is the disability of the participant?**

**Date of onset or injury?**

**What is involved (level of function or injury, describe cognitive issues, prosthetic, any implants, spinal or neck stabilizers, pacemaker, hearing aids, shunts, orthotics, colostomy or urostomy bag etc.)?**

**Other disabilities:**

**Describe what is involved:**

**Describe participants cognitive functioning:** \_\_\_\_\_ at or above grade/age level \_\_\_\_\_ below grade/age level

**Mobility equipment used, if any (e.g. wheelchair, walker, crutches, cane, orthotics, etc.):**

**Please describe any balance issues:**

**Can participant walk? Up/down stairs?**

**Does the participant have seizures?**

**What type?**

**Date of last seizure:**

**Frequency:**

**Allergies:**

**Dietary Requirements:**

**Any recent surgeries, injuries, or illness:**

**Medications**

**What are they for**

**Any changes in last 3 months**

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**Does the participant have any part of the body that is susceptible to cold, heat, impact, sun problems?**

**How does the participant respond to stress? Are there triggers? If has meltdowns, what do they look like and how are they managed?**

**What are the participant's goals?**

**Any fears of concerns?**

**Is the participant in therapy? If so, what type?**

## Participant Experience

### *Experience With Ski/ Snowboard (Including adaptive assistive devices):*

Skied before? Yes \_\_\_\_\_ No \_\_\_\_\_ How many days?

Snowboarded before? Yes \_\_\_\_\_ No \_\_\_\_\_ How many days?

Skied/ridden since disability? Yes \_\_\_\_\_ No \_\_\_\_\_

What other resorts has participant skied/snowboarded?

Type of terrain skied/snowboarded? Green \_\_\_\_\_ Blue \_\_\_\_\_ Black \_\_\_\_\_ Bumps \_\_\_\_\_ Don't know \_\_\_\_\_

Does the participant have equipment Yes \_\_\_\_\_ No \_\_\_\_\_ What type?

### *Summer Sports*

Kayaking \_\_\_\_\_ Road Cycling \_\_\_\_\_ Canoeing \_\_\_\_\_ Hiking \_\_\_\_\_ Rock Climbing \_\_\_\_\_

Camping \_\_\_\_\_ Mountain Biking \_\_\_\_\_ Swimming \_\_\_\_\_ Boating \_\_\_\_\_ Waterskiing \_\_\_\_\_

Tennis \_\_\_\_\_ Yoga \_\_\_\_\_ Other \_\_\_\_\_

### *Water Safety*

Can participant swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Can participant turn from a face down to a face up position in the water (water safe)? Yes \_\_\_\_\_ No \_\_\_\_\_

Can participant sit upright without any supports? Yes \_\_\_\_\_ No \_\_\_\_\_

Can participant grip or hold a paddle or handle? Yes \_\_\_\_\_ No \_\_\_\_\_

What other activities does participant do and enjoy

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## RIM OF THE WORLD SPECIAL ATHLETES

### DEMOGRAPHICS

#### *Military Service Information*

U.S. Armed Forces    Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service:

Are you a: Guest/family member \_\_\_\_\_ Veteran support staff \_\_\_\_\_

Service member injured pre-2001 \_\_\_\_\_ Service member injured post-2001 \_\_\_\_\_

Years of active duty \_\_\_\_\_ Date of separation from active duty \_\_\_\_\_

Length of active duty \_\_\_\_\_

#### *Demographic Questions (for grant writing purposes)*

Ethnic Origin: Caucasian \_\_\_\_\_ Latino \_\_\_\_\_ Asian American \_\_\_\_\_ African American \_\_\_\_\_

Other \_\_\_\_\_

Annual Income:    <\$20,000 \_\_\_\_\_    \$20,001-\$50,000 \_\_\_\_\_    \$50,001-\$100,000 \_\_\_\_\_

>\$100,000 \_\_\_\_\_

***Participant has been cleared by their physician to participate in this activity.***

***Please let us know if there is any health or medication changes.***

Signature \_\_\_\_\_ Date \_\_\_\_\_