

2020

RIM OF THE WORLD SPECIAL ATHLETES ADAPTIVE SPORTS PARTICIPANT INFORMATION

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?

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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.)?

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Other disabilities:

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Describe what is involved:

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

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

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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:

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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?

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

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What are the participant's goals?

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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 _____