



## RIM OF THE WORLD SPECIAL ATHLETES ADAPTIVE SPORTS PARTICIPANT INFORMATION

Today's Date: \_\_\_\_\_

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 \_\_\_\_\_