



Participant Registration Form, 2021- 2022

Name _____ Gender _____

Age _____ Date of Birth _____

Street Address _____

City/ Town _____ State _____ Zip _____

Email: _____

Phone #1 _____ (circle: cell/ home/ work)

Phone #2 _____ (circle: cell/ home/ work)

Phone #3 _____ (circle: cell/ home/ work)

Are you your own legal guardian? Yes No

If the answer is No, your legal guardian or representative must sign the waiver and release of liability agreement on your behalf.

Guardian Name (First, Last): _____

Relationship: _____

Emergency Contact:

Full Name: _____ Relationship: _____

Phone #1 _____ Phone #2 _____

Health Information

Height: _____ Weight: _____ Disability: _____
 Date of Onset: _____ General Health (circle one): Excellent / Very Good / Good / Poor
 What Medications are you taking? _____
 Do you have side effects to any of these medications? Yes No If Yes, what are they?

Do you have seizures? Yes No Type: _____ Controlled? Yes No
 Date of last seizure: _____

Allergies: _____
 Food restrictions: _____

Are there parts of your body susceptible to heat or cold? Yes No
 Are there parts of your body susceptible to impact or injury? Yes No

If you answered yes to either question, please explain: _____

Has your doctor restricted your engagement in sport, recreation or exercise? Yes No
 If Yes, please explain: _____

Do you have visual or auditory impairment? Yes No
 Describe: _____

Do you have a spinal cord injury? Yes No Level _____

Mobility

	Yes	No	List assistive devices below:
Do you use assistive devices?			
Are you independently mobile?			
Are you independent with personal care?			

Chronic Conditions

- Asthma Heart Condition High Blood Pressure Diabetes Autonomic Dysreflexia
- Spasticity Ataxia Sensory Loss Limb weakness Core weakness Balance issues
- Coordination issues Other _____

Describe any conditions noted above: _____

Cognitive or Behavioral Conditions

- Impulsivity Anxiety Confusion Attention Deficit Memory Loss
- Low frustration tolerance Troubles sequencing Other _____

Describe any conditions noted above: _____

Demographic Information

Some of our funding sources and opportunities require demographic information. This information is aggregated and generalized, and never linked to a specific participant.

Sex:

- Male
- Female
- Intersex
- Decline to Identify
- Other

Preferred Pronouns

- He/him/his She/her/hers They/them/theirs
- Other, specify: _____

Race

American Indigenous/Native or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Other, specify: _____

Decline to Identify

Ethnicity

Hispanic or Latinx

Not Hispanic or Latinx

Decline to Identify

Are you a veteran?

Yes *No* *Decline to Identify*

Form Completed by (Print name): _____

Signature: _____ Date: _____

Form Checked by (Print staff name): _____

Signature: _____ Date: _____