

Participant Information Form

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Sex: F M Height: _____ Weight: _____

Please describe your disability: _____

Primary Physician: _____

Physician Phone: _____

Medications: _____

General Physical Condition: Good Fair Poor

Do you have seizures? Yes No

Date of last seizure: _____

Type: _____

Do you have a shunt? Yes No

Do you have allergies? Yes No

If yes, please list: _____

Do you use any assistive mobility equipment?

Yes No If yes, please circle type used:

Walker Crutches Braces Cane Wheelchair

Other: _____

Motor Status

Please list any problems with *muscle tone, range of motion, or strength*. Also note any *spasticity or paralysis* and area affected.

Please check any of the following that apply to you:

- ☐ Poor circulation
- ☐ Diabetes
- ☐ Cardiovascular problems
- ☐ Vision loss
- ☐ Hearing loss
- ☐ Respiratory problems
- ☐ Low endurance (tire easily)
- ☐ Communication difficulties
- ☐ Other: _____

Behavior and General Attitude:

0 = No problems

1 = Mild problems, interferes infrequently

2 = Moderate problems, interferes frequently

3 = Severe problems, interferes constantly

Please enter the most fitting number from above to each item below:

- ___ Frustration tolerance
- ___ Hostility
- ___ Confusion
- ___ Anxiety
- ___ Distractibility
- ___ Impulsivity
- ___ Following directions
- ___ Slowness of speech
- ___ Spatial disorientation
- ___ Memory loss (short-term)
- ___ Memory loss (long-term)
- ___ Temper
- ___ Ability to self correct
- ___ Difficulty speaking
- ___ Difficulty understanding spoken words

Please note any additional information (if any) that would assist us with your ski experience:

All of your information is kept in confidence and used strictly for the purposes of the program. We will never give away or sell any of your information.

Do you have medical insurance? Y N

Emergency Contact: _____

Relationship: _____

Phone: _____

Alternate Phone: _____

Signature (Parent or Guardian if under 18): _____

Date: _____

For Full Potential Adventures, Inc. use only:

Skier Ability: ____ Beginner ____ Intermediate ____ Advanced

Equipment is: ____ Borrowed from FPA ____ Owned by Participant

Type of Equipment Used

Un-tethered

- ☐ Regular Skis
- ☐ Regular Skis w/ Ski Bra
- ☐ Regular Skis w/ Guide Pole
- ☐ Regular Skis w/ Ski Bra and Guide Pole
- ☐ Handheld Outriggers
- ☐ Adult Ski-Legs
- ☐ Junior Ski-Legs
- ☐ Adult Bi-Ski
- ☐ Junior Bi-Ski
- ☐ Mono-Ski

Tethered

- ☐ Regular Skis w/ Ski Bra
- ☐ Adult Ski-Legs
- ☐ Junior Ski-Legs
- ☐ Adult Bi-Ski
- ☐ Junior Bi-Ski

Equipment Assignment

Skis	Boots	Helmet

Date Assigned: ____/____/____

Date Returned: ____/____/____