

Sport Info

I would like to (please circle one) Ski Snowboard

Shoe size: _____ Height: _____ feet _____ inches Weight: _____ lbs.

Sports experience: Please rate your ability at the following sports: 1=never participated; 2=novice; 3=intermediate; 4=expert

Skiing ____ **Snowboarding** ____ Biking ____ Hiking ____ Kayaking ____ Golf ____ Swimming ____

Other: _____

GENERAL FITNESS: (check one)

1. ____ I don't participate in sports or working out at the gym 2. ____ I haven't been doing many sports or working out lately

3. ____ I participate in sports or work out once or twice a week 4. ____ I participate in sports or work out several times a week

Disability Info

Disability: _____

Secondary conditions: _____

Please list all medications you are currently taking: _____

Mental ability (check one) __ Normal functioning __ Mildly challenged __ Moderately challenged __ Severely Challenged

Hearing (check one) __ Normal __ Mild/Moderate Loss __ Severe/ Total

C. Speech (check one) __ Normal __ Mild to moderately affected. __ Non-verbal

Vision (check one) __ Normal __ Mild to moderately impaired __ Completely blind

E. Mobility (check all that apply) __ Ambulatory __ Non Ambulatory __ Walks with crutches __ Uses a wheelchair
 Uses wheelchair exclusively __ Yes __ No __ Yes-Electric __ Yes-Manual

G. Seizures __ Yes __ No If yes, what was the date of your last seizure? _____
 Type of seizure: _____

H. Behavior & General Attitudes:
Enter the numbers to items below: (1)=Normal (2)=Mild problem (3)=Moderate problem (4)=Severe problem

____ Frustration tolerance __ Hostility __ Confusion __ Anxiety __ Distractibility __ Impulsiveness

____ Following directions __ Memory loss __ Temper __ Spatial disorientation

I. Bladder Management __ Self __ No If no, Catheter or Leg bag

Other Info

Please list any other conditions or issues the ASF should be aware of. _____
