Adaptive Sports Foundation
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Windham, New York 12496
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2014-2015

PARTICIPANT FORM FOR NEW STUDENTS

Participant Name: _____
Last *First* *Middle*

Address:_____
Street *City* *State* *Zip*

County *(ie. Westchester)*: _____ Parent/Guardian:_____

Home Ph.( )_____ Cell Ph.( ) _____Local/Lodging Ph.( ) _____

Email:_____

Emergency Contact: _____ Cell phone ( ) _____

Group name *(if applicable)*: _____

Participant will be: ☐Skiing ☐Snowboarding Rentals Required: ☐Yes ☐No Shoe Size (if renting) _____

Gender:☐ Male ☐Female Date of birth _____ Age: _____Height: _____ Weight: _____

Do you anticipate that the student will sit ski? ☐Yes ☐No If yes: ☐ monoski ☐ bi-ski ☐don't know

Due to manufacture requirements there is a 200 lb. limit on sit skis

The student's disability is: ☐ Physical ☐ Cognitive ☐Both

Please check the primary disability:

☐ ADD/ADHD
☐ Amputee
☐ Autism Spectrum
☐ Cerebral Palsy
☐ Developmentally delayed
☐ Downs syndrome
☐ Hearing impaired
☐ Learning disability
☐ Muscular Dystrophy
☐ Multiple Sclerosis
☐ Post Traumatic Stress Disorder
☐ Spina Bifida
☐ Spinal Cord Injury
☐ Stroke
☐ Traumatic Brain Injury
☐ Visual impairment
☐ OTHER (please describe) _____

Mobility needs *(i.e.: power or manual wheelchair, walker, crutches, cane)* **:** _____

Level of stamina : ☐ fatigues easily ☐ age appropriate strength & energy level
☐ varies (depends on medications & disability process)

Seizure history: ☐**NO** ☐**YES**

Type of seizures: ☐petit mal ☐ grand mal ☐focal **Date of last seizure:** _____

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

____Frustration tolerance ___Confusion ___Anxiety ___Distractibility ___Temper

___Impulsiveness ___Following directions ___Memory loss ___Hostility ___Spatial disorientation

Participant's name: _____

Activities of daily living *(mobility, hygiene, feeding, etc,etc,etc)*

**ASF does not administer medications or toilet participants*

☐ **Independent** *(freely ambulates or independently uses wheelchair, crutches, walker, cane; transfers to and from vehicles and navigates crowds on own, manages own medications, meals, bowel and bladder needs including catheterizations)*

☐ **Assisted** *(requires assistance with transfers to and from vehicles or toileting; continues to manage own meals, medications and crowds)*

☐ **Dependent** *(requires someone else to perform all the activities of daily living for them)*

Medications ☐ Not applicable **if necessary please use the back*

Medication	Dosage & schedule	Reason for taking

Food or Drug Allergies ☐ No known allergies **if necessary please use the back*

Allergy	Reaction

Please list medical procedures and implanted devices include location and approximate date of the procedure *(i.e. fracture repairs with rods & pins, shunts, feeding tubes, insulin pumps, grafts)*: ☐ **Not applicable**

_____

_____

_____

_____

If you have participated in another adaptive program, please provide the name of the program and any equipment you used: ☐ **Not applicable**

_____

_____

_____

Sports experience: Please circle all activities that the applicant has <u>previously</u> participated in.

Skiing (beginner, novice, intermediate) Snowboarding (beginner, novice, intermediate)

Skating Swimming Tennis Waterskiing Biking Skateboarding

Other: _____

Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Adaptive Sports Foundation and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Adaptive Sports Foundation related events and activities, the Undersigned ("Undersigned" means only the Participant when the Participant is age 18 or older or it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.

3. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

4. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of NY and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Greene County, NY; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Participant's Signature	**Participant's Name (please print clearly)**	**Date**

FOR PARTICIPANTS UNDER THE AGE OF 18

Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the activities. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

Minor's DOB	**Parent/Legal Guardian Signature**	**Parent/Legal Guardian Name**	**Relationship**	**Emergency Phone**	**Date**

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	**Participant's Name (please print clearly)**	**Date**

Parent/Legal Guardian Signature	**Parent/Legal Guardian Name**	**Relationship**	**Date**

Participant's name: _____

The following categories pertain to specific disabilities. Please complete the section(s) that most describe the participant's disability(ies) and/ or secondary conditions that may exist.
PLEASE RETURN ONLY THE COMPLETED PAGES

☐ Autism Spectrum ☐ Attention Deficit Disorder

☐ Primary disability ☐ Secondary condition

1. Please identify the type

Autism (☐ Mild ☐ Moderate ☐ Severe ☐ Aspergers ☐ PDD ☐ OTHER) ☐ ADD ☐ ADHD

2. Age at time of diagnosis _____

3. If Other Austim, please identify the diagnosis _____

4. Please describe behaviors the ASF staff should be aware of , include methods to soothe and reward participant: **if necessary please use the back*

_____
_____
_____
_____

5. Level of supervision required: ☐ **1:1 all day** ☐ group supervision ☐ only when upset ☐ none

6. Please check all the characteristics that apply

ADD / ADHD

☐ Difficulty following directions or finishing tasks ☐ Difficulty staying seated or in line
☐ Excessive talking / interrupts frequently ☐ Ignores details
☐ Appears forgetful

AUTISM

☐ Speaks in single words ☐ Speaks in 2 – 3 word phrases
☐ Speaks in complete sentences ☐ Uses gestures / points
☐ Uses pictures / cue cards ☐ Uses communication board
☐ Uses personal sounds ☐ Writes / draws wants or needs
☐ Overactive ☐ Short attention span
☐ Low activity level – needs motivation ☐ Easily distracted by sensory stimuli

Sensory triggers *(i.e. sounds, sights, smells) *if necessary please use the back*

_____

Of those items checked, please provide information you feel would be helpful to ASF staff in providing a successful experience: **if necessary please use the back*

_____
_____
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_____

Participant's name: _____

The following categories pertain to specific disabilities. Please complete the section(s) that most describe the participant's disability(ies) and/ or secondary conditions that may exist.
PLEASE RETURN ONLY THE COMPLETED PAGES

☐ Learning Disability / Traumatic Brain Injury ☐

☐ Primary disability ☐ Secondary condition

1. What caused the disability _____

2. Date of diagnosis _____

3. Please check all the characteristics that apply

☐ Hemiplegia	☐ Non-verbal	☐ Poor judgment
☐ Spasticity	☐ Uncooperative	☐ Difficulty with abstract thoughts
☐ Joint Rigidity	☐ Depression	☐ Difficulty with decision making
☐ Altered gait	☐ Angers easily	☐ Unaware of the limitations
☐ Poor balance	☐ Extreme emotional responses	☐ Decreased function level
☐ Difficulty sequencing tasks	☐ Poor coordination	☐ Does not consider consequences
☐ Hyperactivity		

Of those items checked, please provide information you feel would be helpful to ASF staff in providing a successful experience: **if necessary please use the back*

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_____
_____
_____

☐ Down Syndrome / ☐ Developmental Delay

☐ Primary disability ☐ Secondary condition

Please check all the characteristics that apply

☐ Heart defect	☐ Poor muscle tone	☐ Non-verbal
☐ Difficulties with speech	☐ Difficulties with vision	☐ Difficulties with hearing
☐ IQ 80 or below	☐ Poor hand eye coordination	☐ Expressive language delays
☐ Social delays	☐ Anxiety	☐ Hyperactivity
☐ Joint limitations	☐ Hyperflexibility	☐ Atlantoaxial instability*

*ASF strongly encourages participants with Down Syndrome be evaluated for Atlantoaxial instability

Of those items checked, please provide information you feel would be helpful to ASF staff in providing a successful experience: **if necessary please use the back*

_____
_____

Participant's name: _____

The following categories pertain to specific disabilities. Please complete the section(s) that most describe the participant's disability(ies) and/ or secondary conditions that may exist.
PLEASE RETURN ONLY THE COMPLETED PAGES

☐ Spinal Cord Injury ☐ Spina Bifida ☐ Cerebral Palsy ☐ MS ☐ MD

☐ Primary disability ☐ Secondary condition

1. Please identify the type

Spinal Cord Injury location *(i.e. T-4, C-6)* _____

☐ Complete ☐ Incomplete ☐ Paraplegia ☐ Quadriplegia

Spina Bifida ☐ Meningocele ☐ Myelomeningocele

Cerebral Palsy ☐ Spastic ☐ Athetoid ☐ Ataxic ☐ Mixed

2. If SCI was checked, what was the cause? _____

3. Date of diagnosis _____

4. Please check all the characteristics that apply

☐ Hydrocephalus	☐ Latex allergies	☐ Seizures / Epilepsy
☐ Autonomic dysreflexia	☐ Muscle spasms	☐ Contractures
☐ Involuntary movements	☐ Gait / mobility disturbances	☐ Abnormal sensations
☐ Bowel / bladder control	☐ Cognitive delays	☐ Learning disabilities
☐ Sequencing difficulty	☐ Speech difficulty	

5. Methods used to prevent skin breakdown

_____
_____
_____

Of those items checked, please provide information you feel would be helpful to ASF staff in providing a successful experience: **if necessary please use the back*

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Participant's name: _____

The following categories pertain to specific disabilities. Please complete the section(s) that most describe the participant's disability(ies) and/ or secondary conditions that may exist.
PLEASE RETURN ONLY THE COMPLETED PAGES

Amputee

☐ Primary disability ☐ Secondary condition

1.Please identify the type of amputation

☐Right ☐Left ☐Bilateral
☐Above Knee ☐Below Knee
☐Above elbow ☐Below elbow
☐Complete upper limb ☐Complete lower limb

2. Date of amputation: _____

3. Cause of amputation:

_____
_____
_____

Please check all that since the amputation

☐ Limb pain ☐ Weight gain ☐ Depression
☐ Skin breakdown ☐ Decreased physical activity

4. How do you protect your amputated limb from cold and injury:

_____
_____
_____
_____

5. How do you protect your amputated limb from pressure ulcers:

_____
_____
_____
_____

6. Do you intend to wear your prosthesis while taking part in the program? ☐ YES ☐ NO

Of those items checked, please provide information you feel would be helpful to ASF staff in providing a successful experience: **if necessary please use the back*

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Participant's name: _____

The following categories pertain to specific disabilities. Please complete the section(s) that most describe the participant's disability(ies) and/ or secondary conditions that may exist.
PLEASE RETURN ONLY THE COMPLETED PAGES

Visual Impairment

☐ Primary disability ☐ Secondary condition

1. Visual impairment ☐ Partially sighted / Legally Blind ☐ Totally blind

2. Date of diagnosis _____

3. Cause for the visual impairment

☐ Cataracts ☐ Glaucoma ☐ Trauma
☐ Retinopathy ☐ Macular Degeneration ☐ Diabetes
☐ Optic Atrophy ☐ Retinitis Pigmentosa
☐ Other _____

4. To aid in mobility, does the visually impaired student use; ☐ cane ☐ guide ☐ guide dog
Of those items checked, please provide information you feel would be helpful to ASF staff in providing a successful experience: **if necessary please use the back*
_____
_____
_____

Hearing Impairment

☐ Primary disability ☐ Secondary condition

1. Hearing impairment ☐ Partial hearing loss ☐ Total hearing loss

2. Date of diagnosis _____

3. Please explain the reason for the hearing loss:
_____
_____

4. How does the participant communicate with others:
_____
_____

Of those items checked, please provide information you feel would be helpful to ASF staff in providing a successful experience: **if necessary please use the back*
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Participant's name: _____

The following categories pertain to specific disabilities. Please complete the section(s) that most describe the participant's disability(ies) and/ or secondary conditions that may exist.
PLEASE RETURN ONLY THE COMPLETED PAGES

☐ OTHER DISABILITY

☐ Primary disability ☐ Secondary condition

1. Name of the disability: _____

2. Age at time of diagnosis: _____

3. Cause of disability (if known):

_____

_____

_____

4. Impairment: ☐ Physical ☐ Cognitive ☐ Developmental **check all that apply*

5. Please check all the characteristics that apply

☐ short attention span
☐ difficulty sequencing tasks
☐ poor judgment
☐ depression
☐ unable to detect heat / cold
☐ unsteady gait, managed with use of cane, walker, etc, etc.
☐ inappropriate behavior
☐ difficulty with abstract thinking
☐ does not consider consequences
☐ difficulty following directions
☐ contractures

Provide additional information regarding the disability or secondary condition as it pertains to snow sports activities **if necessary please use the back*

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Of those items checked, please provide information you feel would be helpful to ASF staff in providing a successful experience: **if necessary please use the back*

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