



Winter
2015 - 2016

New England Disabled Sports
Disabled Sports USA – New England
MONO SKI RACE CAMP Registration
March 16-19, 2015

The information gathered below and on the other side will help us develop the best experience for the participant. Please complete as accurately as possible. Please print clearly.

Participant Information

Name: _____ DOB: _____ Sex _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (_____) _____ Mobile Phone: (_____) _____
E-mail Address: _____
Are you a veteran of the military? Yes/No Years of service and branch _____

Fitting Information
(please complete)
Height ____ ft. ____ in.
Weight _____ lbs.
Shoe Size _____ US
Do you require rental equipment?
Yes No

Parent/Caregiver Contact Information

Name: _____ Relationship to Participant: _____
Address: _____ City _____ State _____ Zip _____
Phone # _____ Cell Phone # _____ Work Phone # _____
E-Mail Address: _____
Name of accompanying parent, guardian, group leader (if apply) _____

Disability & Medical Information

Disability (please describe or classify): _____

Physical Limitations: please describe or illustrate any physical limitations:
(range of motion, muscle tone, strength, extent of hearing loss, range or clarity of vision)

Communication: (circle) Verbal Non-Verbal Sign-Language Braille Electronic Assistance

Mobility /Assistance (please circle): Walking Walking w/Guide Cane/Crutches Braces Wheelchair Electric Wheelchair

Cognitive / Behavioral /Emotional Information (If apply) Please circle all that apply to the participant

- | | | | |
|-------------------|-----------------------|----------------------|----------------|
| Frustration | Impulsivity | Aphasia (expressive) | Acting out |
| Hostility | Speech Difficulties | Aphasia (receptive) | Aggression |
| Confusion | Perceptual Difficulty | Hyperactivity | Self-Abusive |
| Anxiety | Memory Loss (st) | Temper | Anti-Social |
| Attention Deficit | Memory Loss (lt) | Dyslexia | Disorientation |

Medical Information

Current Physician: _____ Phone # _____

DOES THE PARTICIPANT HAVE SEIZURES? (Please circle) Yes No

Date & Type of most recent seizure: _____

DOES THE PARTICIPANT HAVE ANY ALLERGIES? Yes No

Please list: _____

Does the participant have a shunt? Yes No Does the participant have bladder or bowel adaptations? Yes No
Location: _____

Does the participant use a respirator? Yes No Does the participant use oxygen? Yes No


IS THE PARTICIPANT CURRENTLY ON ANY MEDICATIONS? (Please list) _____

Has the participant undergone any surgical procedures? Please include dates: _____

Below, please circle any conditions that may apply to the participant.

- | | |
|-------------------------|-----------------------------|
| Poor Circulation | Lack of Stamina |
| Cardiovascular Problems | Respiratory Problems |
| Diabetes | Autonomic Dysreflexia |
| Sensory Loss | Thermal Regulation Problems |

How did you hear about NE Disabled Sports? _____

Additional Information: Below, please mention any additional information that will allow us to better serve you and your snow sports experience. 

Enjoy your time on the snow; please let us know how we can serve you better.

***Please send your registration materials in advance to
Mail: New England Disabled Sports -Student Registration, PO Box 26, Lincoln, NH 03251
Email: Info@NEDisabledSports.org
Fax: 603-728-1771**