

New England Disabled Sports 2019 Participant Registration



PARTICIPANT REGISTRATION FORM

PARTICIPANT INFORMATION					
First Name:		Middle Initial:	Last Name:		
Address:					
City:			State:	Zip:	
Home Phone:		Mobile:	Work:		
Email Address:				Shirt Size:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height (ft,in):	Shoe Size:	Weight (lbs):	
Military Service: <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> N/A					
Branch of Service:				Rank:	
PARENT/LEGAL GUARDIAN INFORMATION (IF PARTICIPANT IS A MINOR OR LEGALLY INCAPACITATED)					
First Name:		Last Name:		Relationship:	
Address (if different than above):					
City:			State:	Zip:	
Home Phone:		Mobile:	Work:		
Email Address:					
EMERGENCY CONTACT					
First Name:			Last Name:		
Relationship to Participant:					
Home Phone:		Mobile:	Work:		
MEDICAL INFORMATION					
Disability/Diagnosis (please do not use acronyms):					
Date of injury or onset:		Assistive Device(s) Used:			
Are you able to walk? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If YES, please indicate for how long/far?</i>					
If you use a wheelchair, are you independent with your transfers? <input type="checkbox"/> Y <input type="checkbox"/> N Manual or Power?					
Physical mobility (Please describe participants movement: Range of Motion, Muscle Tone, Strength, etc.)					

New England Disabled Sports 2019 Participant Registration



Cognitive/ Behavioral/ Emotional Information (Please check all that apply). **Please describe any behavior management plan.**

- Frustration
- Hostility
- Confusion
- Anxiety
- Attention Deficit
- impulsivity
- Speech Differences
- Perceptual Differences
- Memory Loss (st)
- Memory Loss (lt)
- Aphasia (expressive)
- Aphasia (receptive)
- Hyperactivity
- Temper
- Dyslexia
- Acting Out
- Aggression
- Self-Abusive
- Anti-Social
- Disorientation

Currently taking any medications? Y N *If YES, please list all, including over-the-counter medications:*

Have you had surgery in the last six months? Y N *If YES, please describe*

Do you have allergies? Y N *If YES, please list*

Do you carry an EpiPen? Y N

PLEASE INDICATE YES OR NO TO EACH QUESTION. IF YES, PLEASE DESCRIBE TYPE AND SEVERITY

Traumatic Brain Injury?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post-Traumatic Stress?	<input type="checkbox"/> Y <input type="checkbox"/> N	
History of seizures or seizure disorder?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Blind or visually impaired?	<input type="checkbox"/> Y <input type="checkbox"/> N	

New England Disabled Sports 2019 Participant Registration



Deaf or hard of hearing?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Limited range of motion in any limbs?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Difficulty with balance?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Wear any sort of spinal stabilization?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Any type of paralysis?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Sensitivity to hot or cold?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Difficulty speaking or communicating?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Difficulty remembering or following directions?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Emotional and/or behavioral concerns we should know about?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Personal care or independence concerns?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Cognitive or developmental delay?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Heart/Cardiac condition?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Respiratory condition?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Please list any other medical conditions or concerns not mentioned above (i.e. bone disease, easily fatigued, weakened immune system):		

New England Disabled Sports 2019 Participant Registration



PARTICIPATION INFORMATION

Please select the sports/activities you are interested in participating in:

- Skiing Snowboarding Rock Climbing Paddling Cycling
 Cross-Country Skiing Snowshoeing Archery Golf

Have you participated in any of the above sports/activities before? Y N *If YES, please list sport/activity and your last participation date for each:*

What are your sport or recreation goals?

Will a caregiver be accompanying you? Y N *If YES, please list name and contact information:*

Please provide any additional information that will help us create a successful experience for you:

When are you interested in taking a lesson? Please specify if you are attending with a Group and when.