

New England Disabled Sports  
2018 Summer Sports



**PARTICIPANT REGISTRATION FORM**

PARTICIPANT INFORMATION				
First Name:		Middle Initial:	Last Name:	
Address:				
City:		State:	Zip:	
Home Phone:		Mobile:	Work:	
Email Address:				
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				
Physical mobility (Please describe participants movement: Range of Motion, Muscle Tone, Strength, etc.)				

# New England Disabled Sports 2018 Summer Sports



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

- |   |   |
|---|---|
| <input type="checkbox"/> Frustration            | <input type="checkbox"/> Aphasia (expressive) |
| <input type="checkbox"/> Hostility              | <input type="checkbox"/> Aphasia (receptive)  |
| <input type="checkbox"/> Confusion              | <input type="checkbox"/> Hyperactivity        |
| <input type="checkbox"/> Anxiety                | <input type="checkbox"/> Temper               |
| <input type="checkbox"/> Attention Deficit      | <input type="checkbox"/> Dyslexia             |
| <input type="checkbox"/> Impulsivity            | <input type="checkbox"/> Acting Out           |
| <input type="checkbox"/> Speech Differences     | <input type="checkbox"/> Aggression           |
| <input type="checkbox"/> Perceptual Differences | <input type="checkbox"/> Self-abusive         |
| <input type="checkbox"/> Memory Loss (st)       | <input type="checkbox"/> Anti-social          |
| <input type="checkbox"/> Memory Loss (It)       | <input type="checkbox"/> 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	
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	

# New England Disabled Sports 2018 Summer Sports



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):

### **PARTICIPATION INFORMATION**

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

- |                                  |  |                                   |
|----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Paddling |
| <input type="checkbox"/> Golf    | <input type="checkbox"/> Cycling       |                                   |

Do you need rental equipment?

New England Disabled Sports  
2018 Summer Sports



YES  NO

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:

*Please read and initial that you understand and meet these program requirements:*

- The participant has a permanent, disabling condition. **Initial**\_\_\_\_\_
- Weight limit is 200lbs if using sit down equipment. **Initial**\_\_\_\_\_
- Are able to actively participate and understand that they are engaging in the specific sport lesson/clinic. **Initial**\_\_\_\_\_
- Will have a parent and/or guardian who can provide supervision during non-lessons times, if necessary. **Initial**\_\_\_\_\_
- Will have a parent and/or guardian who can provide supervision, if needed, to use bathroom facilities during scheduled lesson times. **Initial**\_\_\_\_\_
- Will have a parent/guardian available to administer all necessary medications that are scheduled to be taken during lesson times. **Initial**\_\_\_\_\_
- If the participant is on medication to control a seizure disorder, the individual must wear a seizure belt while participating. A parent/guardian or trained caretaker must accompany the individuals on the lesson, if medication needs to be administered in the event of a seizure while on a lesson. **Initial**\_\_\_\_\_

New England Disabled Sports  
2018 Summer Sports



- Will be able to breathe independently and can participate in lesson without the use of oxygen. **Initial** \_\_\_\_\_
- Will be able to provide a Physician's note, if deemed necessary by the New England Disabled Sports staff. **Initial** \_\_\_\_\_
- Will be able to independently maintain sealed airway passages while under water. **Initial** \_\_\_\_\_
- Will be able to independently turn from face down to face up in water, while wearing a personal flotation device, if participating in our paddling programs. **Initial** \_\_\_\_\_
- Will be able to independently hold head upright without head and/or neck support. **Initial** \_\_\_\_\_

Based on the unique nature of each participant, New England Disabled Sports and its' host mountain may adopt appropriate policies and procedures in order to allow participation. **Initial** \_\_\_\_\_

The nature of the environment that our programs are held in is remote. Individuals and families must be comfortable with being out of direct contact with medical personnel while engaging in lessons. **Initial** \_\_\_\_\_

Any recommendations for equipment needs or wants will be considered based on the participants' disability and safety. In the interest of safety, New England disabled Sports staff reserves the right to make the decision on the appropriate equipment for each participant. **Initial** \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that the information provided in this form is true and correct to the best of my knowledge.

Printed Name:	Date:
---------------	-------

Signature: \_\_\_\_\_

**If the participant is under 18 or legally incapacitated, this section must also be completed:**

Parent/ Legal Guardian Printed Name:	Date:
--------------------------------------	-------

Parent/Legal Guardian Signature:	Relationship:
----------------------------------	---------------

Please return this form to [info@nedisabledsports.org](mailto:info@nedisabledsports.org), fax: 603-728-1771 or by mail:

New England Disabled Sports  
PO Box 26  
Lincoln N.H 03251