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: ☐ M ☐ F | Height (ft, in): | Shoe Size: | Weight (lbs): |
| Military Service: ☐ Active Military Duty ☐ Reserve ☐ Veteran ☐ 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 (IF DIFFERENT FROM PARENT/LEGAL GUARDIAN)** | | | | |
| 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? ☐ Y ☐ N *If YES, please indicate for how long/far?* | | | | |
| If you use a wheelchair, are you independent with your transfers? ☐ Y ☐ N **Manual or Power?** | | | | |
| Physical mobility (Please describe participants movement: Range of Motion, Muscle Tone, Strength, etc.) | | | | |

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

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

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? | ☐ Y ☐ N | |
| Post-Traumatic Stress? | ☐ Y ☐ N | |
| History of seizures or seizure disorder? | ☐ Y ☐ N | |
| Blind or visually impaired? | ☐ Y ☐ N | |
| Deaf or hard of hearing? | ☐ Y ☐ N | |
| Limited range of motion in any limbs? | ☐ Y ☐ N | |

| | | |
|---|---|---|
| Difficulty with balance? | ☐ Y ☐ N | |
| Wear any sort of spinal stabilization? | ☐ Y ☐ N | |
| Any type of paralysis? | ☐ Y ☐ N | |
| Sensitivity to hot or cold? | ☐ Y ☐ N | |
| Difficulty speaking or communicating? | ☐ Y ☐ N | |
| Difficulty remembering or following directions? | ☐ Y ☐ N | |
| Emotional and/or behavioral concerns we should know about? | ☐ Y ☐ N | |
| Personal care or independence concerns? | ☐ Y ☐ N | |
| Cognitive or developmental delay? | ☐ Y ☐ N | |
| Heart/Cardiac condition? | ☐ Y ☐ N | |
| Respiratory condition? | ☐ Y ☐ 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:

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

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| |
|---|
| 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. |

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

- The participant has a permanent, disabling condition.
- Are able to actively participate in a lesson and understand that they are engaging in the specific sport lesson/clinic.
- Will have a parent and/or guardian who can provide supervision during non-lessons times, if necessary.
- Will have a parent and/or guardian who can provide supervision, if needed, to use bathroom facilities during scheduled lesson times.
- Will have a parent/guardian available to administer all necessary medications that are scheduled to be taken during lesson times.
- If medication needs to be administered in the event of a seizure and/or any other medical condition that requires immediate administration of medication a parent/guardian or trained caretaker must accompany the individuals on the lesson.
- Will be able to breathe independently, without any assistance from medical devices and/or trained professionals.
- Is able to participate in the lesson without the use of oxygen tank.

- Will be able to follow directions independently or with the assistance of a caregiver.
- Is able to wear properly fitting, industry standard, safety equipment.
- Weight does not exceed 200lbs, if utilizing sit down equipment on non-surface lifts.
- If weight does exceed 200lbs, the participant understand and accepts that they will be restricted to surface lifts for the safety of yourself and the New England Disabled Sports instructors.
- Must properly fit into equipment.
- Personal equipment must be in good working order and approved by a New England Disabled Sports Staff member.

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

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.

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.

| **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: |