

New England Disabled Sports 2020 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:		Years served:		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 2020 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 (short term)
- Memory Loss (long term)
- 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 2020 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 2020 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.

Please read and sign 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.

New England Disabled Sports 2020 Participant Registration



- 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. All personal equipment utilized in a New England Disabled Sports lessons is subject to organizational policies.

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: