

**ADAPTIVE SPORTS ASSOCIATION
STUDENT INTAKE FORM
2009-2010**

TODAY'S DATE _____ LESSON DATES _____

STUDENT _____ M/F ___ AGE _____ DOB _____

HEIGHT _____ WEIGHT _____ SHOE SIZE _____

PARENT/GUARDIAN (if minor) _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE () _____ E-MAIL _____

WK PHONE () _____ CELL PHONE(S) _____

WHERE ARE YOU STAYING IN DURANGO? _____

NAME ROOM IS UNDER _____ PHONE _____

EMERGENCY CONTACT _____ RELATNSP _____ PHONE _____

DISABILITY _____

CAUSE (if known) _____ WHEN INCURRED (if known) _____

PLEASE DESCRIBE LIMITATIONS AND/OR ABILITIES _____

WHAT ADAPTIVE EQUIPMENT DO YOU USE (wheelchair, walker, AFOs, braces, etc)? _____

CAN AFOs OR BRACES BE REMOVED FOR FITTING SKI BOOTS? _____

IF SPINAL CORD INJURY, WHAT IS YOUR LEVEL OF INJURY? _____

WHEELCHAIR USERS: HIP MEAS _____ WEIGHT _____ HEIGHT _____

IF DOWN SYNDROME, HAVE YOU HAD A NECK X-RAY? _____

ARE THERE ANY ABNORMALITIES? _____

ARE ANY PARTS OF YOUR BODY UNUSUALLY SUSCEPTIBLE TO COLD OR IMPACT? _____

DO YOU HAVE SEIZURES? _____ TYPE _____ CONTROLLED? (Y/N) _____

WHEN WAS YOUR LAST SEIZURE? _____

WHAT MEDICATIONS DO YOU TAKE? _____

FOR WHAT? _____

RECENT INJURIES, ILLNESSES, SURGERIES (IN LAST YEAR), DATES/SPECIFICS _____

ARE THERE OTHER MEDICAL ISSUES WE SHOULD KNOW ABOUT? _____

CONCERNS/FEARS _____

DIETARY CONCERNS/ALLERGIES _____

IS IT OK WITH YOUR DR. TO SKI/SNOWBOARD? Y/N _____ (if in question, attach explanation)

SPORTS, ACTIVITIES & EXERCISES _____

HOW OFTEN? _____

(OVER PLEASE)

TO HELP WITH OUR FUNDING, PLEASE CIRCLE ALL THAT APPLY TO YOU

Cognitive Disabilities

ADD/ADHD
Autism
Behavioral Disorder
Cognitive Delay (MR)
Developmental Disability
Down Syndrome
Emotional Disorder
Fetal Alcohol Syndrome
Fragile-X Syndrome
Learning Disability
Other: _____

Diseases

Arthritis
Cancer
Cerebral Palsy
Diabetes
Parkinson's
Multiple Sclerosis
Muscular Dystrophy
Polio
Seizure Disorder/Epilepsy
Spina Bifida
Other: _____

Physical Disabilities

Amputation: _____
Blind
Deaf
Head Injury
Hearing Impaired
Other Orthopedic: _____
Spinal Cord Injury – Level: _____
Stroke
Traumatic Brain Injury
Visually Impaired
Other: _____

Other Disability _____

SKI/SNOWBOARD EXPERIENCE

PREVIOUS EXPERIENCE:

NEVER EVER (never before) _____ BEGINNER _____ (How many times) _____
ADV. BEGINNER _____ HIGHER LEVEL _____
(How many years skied/type runs) (How many years skied/type runs)

HOW WOULD YOU LIKE TO GET DOWN THE HILL?

STAND-UP SKIING SNOWBOARDING SIT-DOWN EQUIPMENT
SKI BIKE DON'T KNOW

If you aren't sure what type of skiing or snowboarding is most appropriate for you, please give our office a call and we can figure it out together. Please be sure that information on disability and limitations/abilities is complete. This will ensure that we pair you with the most appropriate instructor(s).

HAVE YOU SKIED/SNOWBOARDED SINCE YOUR DISABILITY? _____

HOW/WHERE/WHEN? _____

COMMENTS _____

How did you first hear about ASA? _____

ADAPTIVE SPORTS ASSOCIATION PROGRAM PRICES: Winter 2009-2010

Adults (13 yrs & over) = \$120.00 for a full-day lesson \$85.00 for a half-day lesson

Children (6-12 yrs) = \$85.00 for a full-day lesson \$60.00 for a half-day lesson

Program Scholarships:

Part of the mission of the Adaptive Sports Association is to provide services to individuals regardless of their financial situations. Our program has a limited number of scholarships available for individuals who would not otherwise be able to participate in lessons. Please contact a program staff member for more scholarship information.

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____

Participant's Name (PLEASE PRINT CLEARLY) Signature Date

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____

(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____

Signature of Participant/Guardian Date

DISABLED SPORTS USA'S CHAPTER/AFFILIATE INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

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