

Participant First Name:

Participant Middle Initial:

Participant Last Name:

Address:

City:

State:

Zip:

Homephone:

Workphone:

Cellphone:

Enter valid email addresses. If you want emails to go to more than one address separate them with commas.

Email Address:

Date of Birth:

Age:

Developmental Age (if applicable):

Height: Weight: Gender:

Weight limits: 200 pounds for sit participants and 250 pounds for stand up participants.

Is the participant under 18 or does the participant have a Legal Guardian or Legal Representative? Yes No

If the answer is Yes please provide the following information about the Parent, Guardian or Representative

Parent / Guardian / Representative Information

First Name: Last Name: Employer:

Homephone: Workphone: Cellphone:

Address if different from Contact Address:

Email if different from Contact Email:

This person must sign DSUSA Waiver and Equipment Form

Emergency Contact

Name: Phone: Relationship:

School Currently Attending:

Ethnicity

Not Declared African American Asian Caucasian Hispanic Other

Household Income

Not Entered <\$10000 \$10000-\$30000 \$30000-\$50000 \$50000-\$80000 80000-\$170000 >\$170000

Which activities have you done before (check all that apply).

Downhill/SitSki:

CrossCountry:

Snowboard:

Snowshoe:

If you have done any of the above activities please indicate when (date), with whom (program),

where (ski area) and how long.

Snowsport Preference:

- Unknown - I don't know what I can/want to do
- Two Track - Regular downhill stand up skiing.
- Three Track - Skiing on one leg with standup outriggers.
- Four Track - Skiing on two legs with standup outriggers.
- Slider - Stand up skiing on one or 2 legs using a walker on skis
- Bi-Ski - Sit skiing on a device with 2 skis attached.
- Bi-Ski Fixed - Sit skiing on a device with 2 skis attached and 1 or more fixed outriggers for additional balance
- Mono-Ski - Higher performance and harder to balance than a Bi-Ski. Only 1 ski attached.
- Snowboard - Snowboarding with or without special equipment.
- Nordic - Cross country skiing. With or without special equipment.
- Nordic Slider - Stand up skiing on one or 2 legs using a walker on skis
- Nordic Bi-Ski - Sit skiing on a device with 2 skis attached.
- Snowshoe - Walking on snow with snowshoes.
- SO Race Camp - Alpine race training for those participating in SO Winter Events
- Ski Bike - Bike that rides on snow.

My Preferred Site For Lessons: Eldora Mountain Resort

I need equipment for my lessons:

Other Activity Information

What other activities are you interested in?

I want to be a special Olympics racer
My level in special olympics is

Please Check All Disabilities That Apply to You.

Allergies

Please Describe

Altitude Problems

Please Describe

ALS (Amyotrophic lateral sclerosis) Lou Gehrig's

Wheelchair

Walker

Braces

Transfer Help

Other Issues

Amputations

AK Right BK Right AE Right BE Right

AK Left BK Left AE Left BE Left

Shoulder Right Hip Right

Shoulder Left Hip Left

Onset

Anxiety

Please Describe

Asthma

Triggers

Inhalers

Autism Spectrum

ADD

ADHD

Aspergers

Sensory Processing Disorder

Learning Delays

Verbal

Non-verbal

Please Describe

Blind / Vision Impaired

Partial Full

Type

Onset

Cardiac Issues

Please Describe

Burns

Please Describe

Cardiac Issues

Please Describe

Cerebral Palsy

Flaccid Spastic Athetoid Ataxic

Wheelchair Walker Braces

Transfer Help

Cognitive Disorder

Learning Delays

Motor Delays

Speech Delays

Wheelchair

Walker

Braces

Cognitive Age

Deaf / Hard of hearing

Partial Full

Lip Read

Sign

Type

Onset

Developmental Delays

Emotional Delays

Learning Delays

Motor Delays

Wheelchair

Walker

Braces

Transfer Help

Cognitive Age

Diabetes

Insulin Type 2 Neropathy

Hands Feet

Down Syndrome

Multiple Sclerosis

Wheelchair

Walker

Braces

Transfer Help

Muscular Dystorphy

Wheelchair

Walker

Braces

Transfer Help

Orthopedic Fixation

Please Describe

Parkinson's

Please Describe

Polio / Post Polio

Wheelchair

Walker

Braces

Transfer Help

PTSD

Military Related

Onset

Cause

Seizures

PetitMal

GrandMal

Tonic Clonic

Last Seizure

Spina Bifida

Wheelchair

Walker

Braces

Transfer Help

Comments

Spinal Cord Injury

Level

Partial Full

Wheelchair

Walker

Braces

Transfer Help

Traumatic Brain Injury/Stroke

CVA-Stroke

TBI

Seizures (please mark the seizures box and type.)

Wheelchair

Walker

Braces

Onset

Cause

Transfer Help

Other

Please Describe

We provide tea, coffee, water and hot chocolate inside the facility. Please let us know if you have dietary concerns.

Medications - Please describe any medications used:

| NAME | DOSAGE / TIMES PER DAY | REASON |
|------|------------------------|--------|
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Doctor / Insurance Information

Doctor Name: Doctor Phone:

Date Last Physical: Current Fitness Level/Activity:

Insurance Company: Policy Number:

Insurance Company Address: Insurance Agent Name / Phone:

Please describe how the participant's disability manifests itself in terms of type(s) of behavior which may be seen, or how the physical condition affects the participant:

For the best possible 'snow sports day' please provide us with information on how to best motivate the participant, and/or things we should not do:

I am a military veteran

Branch of Service: Rank at discharge:

I have combat related injuries

I was injured before 2001