

Date of Birth:	Age:	Developmental Age (if applicable):
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Height:              Weight:              Gender::

Weight limits: 200 pounds for sit participants.

Shoe Size  
Left:      Right:

This information helps us obtain grants

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.
- Tetra Ski - Tetra Ski
- SnowKart - SnowKart
- 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.
- SnoGo - Sno Go
- 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

### My Preferred Site For Lessons:

☐ 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**

<input type="checkbox"/> AK Right	<input type="checkbox"/> BK Right	<input type="checkbox"/> AE Right	<input type="checkbox"/> BE Right
<input type="checkbox"/> AK Left	<input type="checkbox"/> BK Left	<input type="checkbox"/> AE Left	<input type="checkbox"/> BE Left
<input type="checkbox"/> Shoulder Right	<input type="checkbox"/> Hip Right		
<input type="checkbox"/> Shoulder Left	<input type="checkbox"/> 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

☐ Burns  
Please Describe

☐ Cardiac Issues  
Please Describe

☐ Cerebral Palsy

<input type="radio"/> Flaccid	<input type="radio"/> Spastic	<input type="radio"/> Athetoid	<input type="radio"/> Ataxic
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	<input type="checkbox"/> 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

<input type="checkbox"/> Insulin	<input type="checkbox"/> Type 2	<input type="checkbox"/> Neropathy	
		<input type="checkbox"/> Hands	<input type="checkbox"/> Feet

☐ Down Syndrome

☐ Multiple Sclerosis  
☐ Wheelchair ☐ Walker ☐ Braces  
Transfer Help

☐ Muscular Dystrophy  
☐ 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

NAME	DOSAGE / TIMES PER DAY	REASON

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:

If you are a veteran please fill out this section. To earn our grant for your lessons we need all this information

☐ I am a US military veteran

Branch of Service:

Rank at discharge (please do not enter your pay grade):

☐ I have combat related injuries

Date of injury

Place of Injury (the geographic location)

☐ I am a member of the LGBTQ community

☐ I am of Hispanic, Latino or Spanish Origin