

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:

Ethnicity

Not Declared African American Asian Caucasian Hispanic Other

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
- 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.
- 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

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 <input type="checkbox"/>		

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
Wheelchair <input type="checkbox"/>	Walker <input type="checkbox"/>	Braces <input type="checkbox"/>	

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

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

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 US military veteran

Branch of Service:

Rank at discharge:

I have combat related injuries

I was injured before 2001

Please upload proof of your COVID Vaccinations (CDC COVID-19 Vaccination Record Card)

Vaccination Record:

Vaccination Record Approved:

Comments: