



<b>Name of Student:</b>		<b>Date of Birth:</b>	
<b>Parent / Group / Sponsor:</b>			
<b>Parent (or Student) Occupation:</b>		<b>Workplace:</b>	
<b>Mailing Address:</b>			
<b>City, State, Zip:</b>		<b>County:</b>	
<b>Phone – Home:</b>		<b>Work:</b>	<b>Cell:</b>
<b>Local contact:</b>		<b>Fax:</b>	
<b>Email Address:</b>			
<b>Contact Preference:</b> email - <input type="checkbox"/> U.S. Mail - <input type="checkbox"/> Do Not Solicit - <input type="checkbox"/>			
<b>Height:</b>	<b>Weight:</b>	<b>Age:</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
<b>Shoe Size:</b>	<b>T-Shirt Size:</b>	<b>Hip Width:</b>	
<b>Is student new to DSES?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			

**DISABILITY MEDICAL INFORMATION:**

1. What is the disability of the student? Secondary disabilities?
2. Date of onset:
3. What is involved? Please describe: (include level of function or injury, describe cognitive issues, prosthetic, any implants, i.e. pins, spinal stabilizers, neck stabilizers, pace maker, hearing aids, etc.?)
4. Mobility equipment used if any?
5. Please state any modifications or balance issues the student may have.
6. Medication? What are they for? Any changes in the last 3 months? <input type="checkbox"/> For What? <input type="checkbox"/> For What? <input type="checkbox"/> For What?
7. Any recent injuries, illnesses, surgeries or skin breakdown in the last year? Please give date and specifics:  <i>The Disabled Sports Eastern Sierra has guidelines for safe participation. If it has been less than one year from the date of surgery please provide us with written permission from your Doctor to participate. Please fax documentation, or permission to participate, to 760-934-0729.</i>
8. Dietary requirements or allergies? (i.e. food, meds, bee stings, mosquito bites)
9. Does the student have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last seizure _____ What type?
10. Are any body parts susceptible to cold, heat, impact?
11. How does student respond to stress? What does a meltdown look like, and how is it managed?
12. What are student's motivators?
13. Any fears or concerns?



What are the student's goals?

Summer:

Winter:

**STUDENT EXPERIENCE:**

Has student participated in:  Rock Climbing  Road Cycling  Mountain Biking  Camping  Hiking  
 Kayaking  Boating  Canoeing  Swimming  Other-Specify

Please state the level of ability in specific activities marked:

**Water Safety:**

Can student swim?  Yes  No

Can student turn from a face down to a face up position in the water (water safe)?

Yes  No

Can student sit upright without any supports (i.e. backrest or armrest)?

Yes  No

Can student grip or hold a paddle or handle?

Yes  No

Does the student have any unusual reactions to cold water and/or sun exposure? Please Explain.

Yes  No

**Ski/Snowboard Experience:**

Skied before?  Yes  No If yes, # of days

Snowboarded before?  Yes  No If yes, # of days

Skied/Snowboarded since disability?  Yes  No If yes, # of days

Last Time Skied/Snowboarded (Date):

What other Resorts has student skied/snowboarded?

Type of terrain skied/snowboarded:  Green  Blue  Black  Bumps

What method does student use?

Alpine  Snowboard  3 Track  4 Track **OR**  Mono-ski  Bi-ski  Don't Know

Does student have his/her own equipment?  Yes  No What?

Does student need adaptive equipment?  Yes  No  Don't Know

If so:  Mono-ski  Bi-ski  Blind Bib / Guide Bib  Snow Bike  Walker

Edgy-Wedgy  Tip Connector  Reins  Outriggers

What other activities does student participate in that has not already been mentioned?

**Additional Notes:**