



**STUDENT CONTACT INFORMATION:**

Name of Student:	Date of Birth:	
Parent / Group / Sponsor:		
Parent (or Student) Occupation:	Workplace:	
Mailing (Current) Address:		
City, State, Zip:		
County:	Country:	
Primary Contact Number: Home:	Mobile: Business:	
Email Address:		
Height:	Weight:	Hip Width (how much space on a bench would you need):
Age:	Gender: <input type="checkbox"/> -M <input type="checkbox"/> -F	
Shoe Size:	T-Shirt Size:	
Emergency Contact:	Phone Number:	Relationship:

**MILITARY SERVICE INFORMATION:**

U.S. Armed Forces? <input type="checkbox"/> -Yes <input type="checkbox"/> -No (if No, proceed to next section)	
Are you a: <input type="checkbox"/> -guest/family member <input type="checkbox"/> -veteran support staff <input type="checkbox"/> -Service Member injured Pre-2001 <input type="checkbox"/> -Service Member injured Post-2001	
Branch of Service:	Rank:
Years of Active Duty:	Date of Separation From Active Duty:

**DEMOGRAPHIC QUESTIONS (for grant writing purposes):**

How did you hear about our program?
Ethnic Origin: <input type="checkbox"/> -Caucasian <input type="checkbox"/> -Latino <input type="checkbox"/> -Asian American <input type="checkbox"/> -African American <input type="checkbox"/> -Other
Annual Income: <input type="checkbox"/> -<\$20,000 <input type="checkbox"/> -\$20,001-\$50,000 <input type="checkbox"/> -\$50,001-\$100,000 <input type="checkbox"/> ->\$100,000



**DISABILITY/MEDICAL INFORMATION:**

What is the disability of the student?		
Date of onset:		
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, shunts, orthotics etc.?)		
Secondary or other disabilities?		
Date of onset:		
What is involved? Please describe:		
Mobility equipment used if any?		
Please state any modifications or balance issues the student may have.		
Is the student in therapy? <input type="checkbox"/> -Yes <input type="checkbox"/> -No If yes, please explain.		
<input type="checkbox"/>	<u>Medications?</u>	<u>What are they for?</u>
<input type="checkbox"/>		<u>Any Changes in the last 3 months?</u>
<input type="checkbox"/>		
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>		
Allergies or dietary requirements? (foods, meds, bee stings, mosquito bites etc.)		
Does the student have seizures? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		
Date of last seizure:	Type:	Frequency:
Are any body parts susceptible to cold, heat, impact, or sun exposure?		
How does student respond to stress? What does a meltdown look like, and how is it managed?		
What are student's motivators?		
What are the student's goals?		
Any fears or concerns?		



**STUDENT EXPERIENCE:**

Has student participated in:

- Rock Climbing    -Road Cycling    -Mountain Biking    -Camping    -Hiking  
-Kayaking    -Boating    -Canoeing    -Swimming  
-Other:

**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

**Ski/Snowboard Experience:**

Skied before?    -Yes    -No    How many days?

Snowboarded before?    -Yes    -No    How many days?

Skied/ridden since disability?    -Yes    -No    How many days?

Last date skied/ridden:

What other Resorts has student skied/snowboarded?

Type of terrain skied/snowboarded: -Green    -Blue    -Black    -Bumps

What equipment does student use (please check all that apply)?

- Alpine    -Snowboard    -3 Track (w/ Outriggers)    -4 Track (w/ Outriggers)  
-Mono-ski    -Bi-ski    -Sno-slider/Walker    -Snow Bike  
-Blind Bib / Guide Bib    -Edgy-Wedgy    -Metal Tip Connector    -Reins  
-Don't Know

Does student have equipment? -Yes    -No    What?

Additional Notes: