

PARTICIPANT INFO

FOR PARTICIPATION WITH SCHOOL	
School: _____	Teacher to contact directly & number: _____
Grade: _____	_____

Name: _____

Phone: _____

Address: _____

Date of birth: _____ Male: _____ Female: _____

Height: _____ Weight: _____ Shoe size: _____

EMERGENCY CONTACT

Emergency contact name: _____

Home: _____ Cell: _____ Work: _____

PARENT/GUARDIAN INFORMATION (for participants under 18)

Parent/Guardian name: _____

Contact phone number: _____

Address: _____

Employer: _____

Employer phone number: _____

Signature of Parent/Guardian: _____ Date: _____

DISABILITY INFO

Participant on-snow experience: None Beginner Intermediate Advanced

Adaptive equipment used on-snow: _____

Participant's disability: _____

Explain - Type/Level: _____

Secondary disability? _____

Wheelchair Use? Electric Manual Percent of time used: _____

What aid, if any, is needed to walk (walker,brace,cane, etc)? _____

Subject to seizures? No Yes Type and frequency: _____

Date of most recent seizure: _____

Seizure medication(s): _____

Current medications: None Yes

Type and purpose: _____

Allergies to food or medications? None Yes

Please list: _____

Visual impairment? No Yes Explain: _____

Hearing impairment? No Yes Explain: _____

Communication style? Verbal Nonverbal Other: _____

Learning style? Auditory Visual Kinesthetic
(listen then do it) (see demonstration) (hands-on, have to "do it" to learn it)

Are you currently receiving treatment or therapy? Physical Occupational

Mental health counseling Other: _____

Please describe: _____

How does participant behave when upset/frustrated? _____

History of physical aggression? No Yes

Participant's special interests, hobbies, likes, motivators:

Any Fears/Concerns? No Yes

Explain: _____

What is one goal to be achieved:

Anything else you'd like us to know?
