



## VERMONT ADAPTIVE SKI & SPORTS CLIENT PROFILE

### GENERAL INFORMATION:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sex: M or F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Street Shoe Size \_\_\_\_\_

### **\*DUE TO MANUFACTURE SAFETY STANDARDS ADAPTIVE EQUIPMENT HAS WEIGHT LIMITATIONS**

#### **Today I am Participating in:**

\_\_\_\_ Skiing \_\_\_\_ Snowboarding \_\_\_\_ Sit-down Skiing \_\_\_\_ 3 or 4 Tracking  
\_\_\_\_ Snowshoeing

#### **Program I am Interested in:**

\_\_\_\_ Pico Mountain \_\_\_\_ Sugarbush Resort \_\_\_\_ Bolton Valley  
\_\_\_\_ CORE Connections

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#### **Please Describe Diagnosis/Disability:**

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## CONTACT INFO:

Home Phone #: \_\_\_\_\_ Cell /Local Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_ → Please List

Emergency Contact Name & Relation: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

## MEDICAL INFORMATION:

Primary Physician: Name \_\_\_\_\_

Physician Phone # \_\_\_\_\_

**MOBILITY:** Independent: YES NO

**Assistance required:** (circle) Walker Wheelchair Crutches Braces

**GENERAL PHYSICAL CONDITION** (circle one): Excellent Good Fair

**PAST SURGICAL PROCEDURES:** \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS:** (dosage, frequency & reason for medication): \_\_\_\_\_

\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEIZURES** (circle one) YES NO

If Yes, controlled with medications? YES NO

If Yes, please list medication: \_\_\_\_\_

Type of Seizures: \_\_\_\_\_

Date and Length of Last Seizure: \_\_\_\_\_

\_\_\_\_\_

## MOTOR STATUS:

(In the space below, please circle and list any difficulties with the following)

MUSCLE TONE      LOSS OF SENSATION      DECREASE OF STRENGTH      LIMBS  
SPASTICITY  
BALANCE      CIRCULATION IN RANGE OF MOTION (The ability to flex  
trunk, extremities, and rotate head)

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## SECONDARY PROBLEMS:

Diabetes \_\_\_\_\_ Vision Loss \_\_\_\_\_ Hearing Loss \_\_\_\_\_

Hearing Aid: YES NO

Bladder Management: Self-Catheterization (circle one) YES NO

Leg Bag: YES NO Other \_\_\_\_\_

Do you suffer from chronic pain? YES NO

If YES, list area affected: \_\_\_\_\_

How is your endurance?      Excellent      Good      Fair

Does it decrease with activity? YES NO

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## GENERAL ATTITUDE & BEHAVIOR:

(ENTER APPROPRIATE NUMBER TO EACH ITEM LISTED BELOW)

1-NORMAL: No problems

2-MILD PROBLEMS: Interferes sometimes

3-MODERATE PROBLEM: Interferes frequently

4-SEVERE PROBLEM: Interferes constantly

## COMMUNICATION AND PROCESSING:

Distractibility \_\_\_\_\_ Confusion \_\_\_\_\_ Problem Solving \_\_\_\_\_

Recall / Memory \_\_\_\_\_ Dyslexia \_\_\_\_\_ Disorientation \_\_\_\_\_

Ability to Follow Directions \_\_\_\_\_

## BEHAVIORAL AND GENERAL ATTITUDES:

Self-Esteem \_\_\_\_\_ Self-Control \_\_\_\_\_ Motivation \_\_\_\_\_ Goals \_\_\_\_\_

Anxiety \_\_\_\_\_ Frustration Tolerance \_\_\_\_\_ Anger \_\_\_\_\_ Temper \_\_\_\_\_ Impulsiveness \_\_\_\_\_

Self-pity \_\_\_\_\_ Spatial Disorientation \_\_\_\_\_

Slowness of Speech \_\_\_\_\_ Ability to Self-Correct \_\_\_\_\_ Hostility \_\_\_\_\_

Ability to Follow Directions \_\_\_\_\_ Slowness of Cognitive \_\_\_\_\_

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## ACTIVITIES & SPORTS INVOLVEMENT:

Tell us about your sports

experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous ski/snowboard experience: Skier \_\_\_\_\_ Snowboarder \_\_\_\_\_

Did you ski/snowboard prior to your accident: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Select One: New \_\_\_\_\_ Returning \_\_\_\_\_

Approximate Number of Times: \_\_\_\_\_

Type: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Expert \_\_\_\_\_

How did you learn about our program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals regarding this season?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PHYSICAL ABILITIES

Will rolling sideways onto your shoulders cause pain or injury to your back or shoulders, or cause dizziness?

YES NO

Using arm strength, can you push your own wheelchair independently? YES NO

Within the past six months, have you had any injury to, or surgery on your back, spinal cord or hips?

YES NO

Do you wear a back brace?

YES NO

If yes, describe brace \_\_\_\_\_

Do you have Harrington Rods?

YES NO

If yes, length of time you've had them: \_\_\_\_\_

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**Is there any reason to be concerned about the safety of our staff, volunteers, or other clients due to this client?      YES      NO**

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**Vermont Adaptive Participant Guidelines**

Vermont Adaptive Ski and Sports strives to make your experience safe, fun and educational. The following guidelines are designed to provide a safe and enjoyable experience for all participants. All of the following guidelines can be applied to all of the people that you interact with at Vermont Adaptive: fellow participants, volunteers, program/resort partners and staff:

- Show respect toward others.
- Use appropriate language.
- Treat equipment and the facility with care.
- Use caution when participating in programs. Keep yourself and those around you safe.
- Be respectful of others personal contact information.
- Respect other people's privacy.
- Follow directions.
- Establish and respect boundaries for personal space and property.
- Practice the good manners of our sports, such as following the "Skier's Responsibility Code".
- Honor the policies and procedures of the sport, HIPAA confidentiality, and host mountain or community partner organization.
- Make reservations through the website or program coordinator and expect a confirmation.
- Reservations for programming are not accepted through volunteers.

Your participation depends on adhering to these guidelines. Failure to follow the above may result in suspension or termination of participation.

We thank you in advance for your cooperation.

**I have read and agree with Vermont Adaptive's participant guidelines. Please Initial Below:**

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Does the participant have a legal guardian or legal representative? YES      NO

***If the answer is YES, the participant's legal guardian or legal representative must sign the waiver & release of liability agreement on behalf of the participant.***

Any other important information that has not been mentioned:

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## Military Info Profile

Did you serve in the US Armed Services? YES NO

If yes, When did you serve? \_\_\_\_\_

What was your branch and rank? \_\_\_\_\_

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Please Send me information about the Paralympics and the Paralympic Movement!

The Paralympics is a division of the US Olympic Committee and is dedicated to promoting the lives of people with Physical Disabilities

**Please note lessons are contingent on weather. If the Program Coordinator feels the conditions are too dangerous to continue, the lesson may be cancelled.\*\***

I HAVE or HAVE NOT (circle one) contacted my physician or physical therapist regarding my participation with Vermont Adaptive Ski & Sports. I accept any and all responsibility for anything that might occur to me while participating in this program.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/CAREGIVER'S SIGNATURE (FOR MINORS UNDER 18):**

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**VERMONT ADAPTIVE SKI AND SPORTS PROGRAMS ARE MADE POSSIBLE BY GENEROUS DONATIONS FROM INDIVIDUALS, LOCAL BUSINESSES, CORPORATIONS AND THE COMMITTED SUPPORT OF OUR VOLUNTEERS**