



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 ____ Nordic Skiing

Program I am Interested in:

____ Pico Mountain/Killington ____ Sugarbush Resort ____ Bolton Valley
____ CORE Connections ____ Suicide Six

Please Describe Diagnosis/Disability:

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)

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

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 _____

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: _____

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

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:

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:

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?_____

☐

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) consulted 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/LEGAL GUARDIAN 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