



Adaptive Sports Association

...exploring possibilities

2017-2018 Winter Participant Intake

Today's date _____ Dates of ski lesson _____ DOB _____

Participant's full name _____ Age _____ Gender _____

Height _____ Weight _____ Shoe size _____ Emergency contact- name, relationship,
phone no. _____

Are you your own legal guardian? _____ **If the answer is NO, your legal guardian or legal representative must sign the waiver & release of liability agreement on your behalf. Please provide the following information about your guardian:**

Guardian's full name _____ Relationship _____

Street address _____ City _____

State _____ Zip code _____ E-mail _____

Cell phone _____ Home phone _____ Work phone _____

Where are you staying in Durango? _____

What name is your room under? _____ Hotel phone no. _____

Disability _____

Cause (if known) _____ When incurred (if known) _____

Secondary disabilities _____

Have you had surgery related to your disability in the past two years? If so, please provide dates & details: _____

If you have a visual impairment, describe your field of vision _____

If you have a hearing impairment, describe your extent of loss _____

Are you currently receiving treatment for, or have you ever been diagnosed with a mental health issue? _____ If yes, please explain. _____

Are there any parts of your body that are unusually susceptible to impact? _____

Have you experienced problems with high altitude and/or physical exertion? _____

Have you had problems with pressure points? _____

Have you had problems with cold weather? _____

Do you have an amputation? _____ Do you use a prosthetic? _____

If so, do you use it for sports? _____

Related information: _____

If you have a spinal cord injury, what is your level of injury? _____

Complete or incomplete? _____ Rods? _____ Fused vertebrae? _____

Wheelchair users: What's your hip measurement? _____ If you use a wheel chair part time, would you like to ski sitting or standing and why?

What adaptive equipment do you use on a regular basis (wheelchair, walker, AFOs, braces, etc.)? _____

Can AFOs or braces be removed for fitting ski boots? _____

If you have Down syndrome, have you had a neck x-ray? _____ Date: _____

Are there any abnormalities? _____

Do you have seizures? _____ What type? _____

Are they controlled? _____ Frequency _____ Date of last seizure _____
 Do you take any medications? If so, what are they for? _____

Do you have any concerns/fears? _____
 Do you have any dietary concerns/allergies? _____
 Do you participate in any sports/activities/exercises? If so, how often? _____

Are you currently under the care of a physician? _____
 Is it okay if your doctor to ski/snowboard? (If in question, please attach an explanation) _____

To help with our funding, please circle all that apply to you.

Cognitive Disabilities

- ADD/ADHD
- Autism
- Behavioral Disorder
- Cognitive Delay (MR)
- Developmental Disability
- Down Syndrome
- Emotional Disorder
- Fetal Alcohol Syndrome
- Fragile-X Syndrome
- Learning Disability

Other

- Arthritis
- Cancer
- Cerebral Palsy
- Diabetes
- Parkinson's
- Multiple Sclerosis
- Muscular Dystrophy
- Polio
- Seizure Disorder/Epilepsy
- Spina Bifida

Physical Disabilities

- Amputation
- Blind
- Deaf
- Head Injury
- Hearing Impaired
- Other Orthopedic: _____
- Spinal Cord Injury
- Stroke
- Traumatic Brain Injury
- Visually Impaired

How would you like to get down the mountain?

- Stand-up skiing Snowboarding Sit-down equipment (bi/mono/ski bike)

Have you skied/snowboarded since your disability? If so, what equipment did you use, when, and where? _____

Did you ski before your disability? _____

Comments: _____

How did you first hear about ASA? _____

Are you a veteran? _____

Adaptive Sports Association Prices

ASA prices include lesson, lift ticket, and equipment.

	Full Day	Half Day
ADULTS (13 yrs and over)	\$160.00	\$125.00
CHILDREN (12 yrs and under)	\$110.00	\$85.00

Program Scholarships

Part of the mission of the Adaptive Sports Association is to provide services to individuals regardless of their financial situations. Our program has a limited number of scholarships available for individuals who would not otherwise be able to participate in lessons. Please contact us at 970-385-2163 or klancy@asadurango.com for more scholarship information.