



Adaptive Sports Association

...exploring possibilities

SUMMER PARTICIPANT INTAKE FORM 2018

Name _____ M/F _____ Age _____ DOB _____

Street address _____ City _____ State _____

Zip _____ E-mail _____ Height _____ Weight _____

Cell _____ Home _____ Work _____

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 _____

Emergency contact name _____ Relationship _____ Phone _____

Disability _____

Cause _____ When incurred _____

Are you a Veteran or Active Duty Service Member? _____

If so, what was/is your branch and rank? _____

If you have Down syndrome, have you had an x-ray? _____

Are there any abnormalities? _____

If you have learning disabilities, what concepts are difficult? _____

If you have visual impairment, what is your field of vision? _____

If you have hearing impairment, what is the extent of your hearing loss? _____

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

What adaptive equipment do you use (wheelchair, walker, AFO, etc.)? _____

Are there any parts of your body susceptible to heat/cold? _____

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

Do you have seizures? _____ Type _____ Controlled? _____

When was your last seizure? _____

What medications do you take? _____

For office use ONLY:

Database _____

What for? _____

Do you have any concerns or fears? _____

Do you have any dietary concerns or allergies? _____

Please list recent (**within the past year**) injuries, illnesses, surgeries with dates and specifics _____

What type of sports, activities & exercises do you participate in? _____

How often? _____

Is it okay with your doctor to participate in outdoor activities? If in question, please attach an explanation _____

What outdoor activities would you like to participate in?

<input type="checkbox"/> Camping	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Cycling	<input type="checkbox"/> Sailing
<input type="checkbox"/> Whitewater rafting	<input type="checkbox"/> Rock climbing	<input type="checkbox"/> Flatwater kayaking	<input type="checkbox"/> Waterskiing

Other (please specify) _____

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

ADD/ADHD	Arthritis	Amputation
Autism	Cancer	Blind
Behavioral Disorder	Cerebral Palsy	Deaf
Cognitive Delay (MR)	Diabetes	Head Injury
Developmental Disability	Parkinson's	Hearing Impaired
Down Syndrome	Multiple Sclerosis	Other Orthopedic _____
Emotional Disorder	Muscular Dystrophy	Spinal Cord Injury: Level _____
Fetal Alcohol Syndrome	Polio	Stroke
Fragile-X Syndrome	Seizure Disorder/Epilepsy	Traumatic Brain Injury
Learning Disability	Spina Bifida	Visually Impaired
Other _____		

How did you first hear about ASA? _____

Comments _____

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 970-259-0374 or klancy@asadurango.com for more scholarship information.