



Adaptive Sports Association

...exploring possibilities

2018-2019 Winter Veteran Intake Form

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

Participant's full name _____ Age _____ Gender _____

Height _____ Weight _____ Shoe size _____

Street address _____ City _____

State _____ Zip code _____ E-mail _____

Cell phone _____ H/W phone _____ Do you live in Durango City limits? _____

If visiting, where are you staying in Durango? _____

Emergency contact - name, relationship, phone # _____

Disability _____

Secondary disabilities _____

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

What is/was your branch and rank? _____

What was your service specialty (MOS)? _____

What was the date of your injury? _____ Geographical location in which your injury occurred? _____

In which wars did you serve? _____

Do you have seizures? Y / N What type? _____

Are they controlled? _____ Frequency _____ Date of last seizure _____

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 had a mental health diagnosis? _____

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? _____

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

If so, do you use it for sports? _____

Related information: _____

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

Do you take any medications? If so, what are they for? _____

Do you have any concerns/fears? _____

Do you have any allergies? _____

Do you participate in any sports/activities/exercises? If so, how often? _____

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? _____