



# Adaptive Sports Association

...exploring possibilities

## 2018-2019 Winter Participant Intake

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 # \_\_\_\_\_

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 \_\_\_\_\_  
 Guardian Street address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Disability \_\_\_\_\_  
 Cause (if known) \_\_\_\_\_ When incurred (if known) \_\_\_\_\_  
 Secondary disabilities \_\_\_\_\_

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

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? \_\_\_\_\_  
 Have you had problems with pressure points? \_\_\_\_\_  
 Do you have an amputation? \_\_\_\_\_ Do you use a prosthetic? \_\_\_\_\_  
 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 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 with your doctor for you 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 military 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.