



Adaptive Sports Association

...exploring possibilities

SUMMER PARTICIPANT INTAKE FORM 2019

Name _____

Are you a new or returning participant? _____ Male/Female/Other: _____ Age _____

_____ DOB _____ Street address _____ City _____

_____ State _____ Zip _____ E-mail _____ Height _____ Weight _____

Cell _____ Home _____ Work _____

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's phone _____

Disability _____

Cause _____ When incurred _____

Are you a Veteran or Active Duty Service Member? _____

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? _____ Is it complete or incomplete? _____ Do you have rods? _____ Are any of your vertebrae fused? _____

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

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

For office use ONLY:

Database _____

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? _____

What for? _____

Do you have any concerns or fears? _____

Do you have any dietary restrictions 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 | 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.