

**Oregon Adaptive Sports/Disabled Sports USA  
Participant Information**

*Please Print Clearly*

*Winter 2004-2005*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Veteran? Yes / No If "Yes," what war or conflict? \_\_\_\_\_

***If Participant is a Minor***

Name of Parent(s): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***Medical Information***

Your Disability: \_\_\_\_\_ How long? \_\_\_\_\_

Please answer the following questions. If you circle "yes" to any question, please explain in space provided.

1. Are you currently under a Doctor's care for any condition? Yes / No \_\_\_\_\_
2. Are you currently taking any medication(s) of which we should be aware? Yes / No \_\_\_\_\_
3. Do you experience seizures? Yes / No Do you currently take seizure medication? Yes / No \_\_\_\_\_
4. Are you allergic to anything? (medication, foods, etc.) Yes / No \_\_\_\_\_
5. Do you have any special dietary requirements? Yes / No \_\_\_\_\_
6. Do you have any special toileting devices or needs of which we should be aware? Yes / No \_\_\_\_\_
7. Do you walk? Yes / No If "yes," \_\_\_\_\_% of time with what kind of aid? \_\_\_\_\_
8. Using arm strength, can you push your wheelchair independently? N/A \_\_\_\_ Yes / No
9. Do you need to limit your activities for any reason? Yes / No \_\_\_\_\_
10. Do you have any special medical conditions we should know about? (asthma, diabetes, etc.?) Yes / No \_\_\_\_\_
11. Do you have any other medical instructions or information we should know about? Yes / No \_\_\_\_\_
12. Do you have a spinal injury? Yes / No If "Yes," what level is it? \_\_\_\_\_
13. Within the past six months, have you had any injury to, or surgery on, your back, spinal cord or hips? Yes / No \_\_\_\_\_
14. Do you wear a back brace? Yes / No If "yes," describe type of brace: \_\_\_\_\_
15. Do you have rods stabilizing any part of your spine? Yes / No If "yes," length of time you've had them: \_\_\_\_\_

**Sit-down skiers:** When riding the chairlift while strapped in your mono-ski or bi-ski, with assistance, you will unload the chairlift by dropping down as much as 2 feet onto the unloading ramp. In this unloading process, your hips and back must be able to sustain the "jolt" or jarring that will occur. Also in learning to ski sitting down you will be taught how to roll over on your side and shoulders as a method of stopping. **If you think either unloading or tipping on your side may cause you pain or injury, please consult your doctor before participating and bring a doctor's written release with you. Initial \_\_\_\_\_**

*In signing below, I verify that the information above is current and accurate. I also understand that the information above is confidential and will be used only by Oregon Adaptive Sports and Disabled Sports USA.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date