

INCLUSIVE ADAPTIVE SNOW SPORTS PROGRAM
Route 86 Wilmington, NY 12997

PHYSICAL EVALUATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. # _____ Age: _____ Sex: _____ Weight: _____

Due to manufacturers limitations maximum weight for sit-ski/mono-ski/Bi-ski is 200 lbs.

Disability: _____

MEDICATIONS:

(dosage, frequency, reason for medication, and side effects if any) _____

PAST SURGICAL PROCEDURES: _____

PRIMARY PHYSICIAN (Name) _____ (Phone) _____

GENERAL PHYSICAL CONDITION (circle one): FAIR GOOD EXCELLENT

ACTIVITIES & SPORTS INVOLVEMENT

PREVIOUS SKI EXPERIENCE: _____

OTHER SPORTS: _____

PHYSICAL AIDS: _____ Walker _____ Wheelchair _____ Crutches _____ Braces

Other (specify) _____

*Please list day or days and times you are interested in skiing. Lesson reservations will be confirmed by mail or telephone.

Date: _____ Type of Lesson: _____

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List equipment needed: _____

Usual number of relatives/friends accompanying you to Area: _____

Your goals regarding the ski season: _____

School or Place of Employment: _____

Class or Position: _____

Business Phone: _____

Full Payment is required in order to guarantee space in the program.

No refunds are available within 7 days of this reservation.

Please arrive 30 minutes prior to lesson.

: Visa, MC, Amex, Discover, Other _____

Card # _____ Exp. Date _____

BEHAVIOR & GENERAL ATTITUDES

1. = NORMAL-NO PROBLEMS
2. = MILD PROBLEMS- INTERFERES OCCASIONALLY
3. = MODERATE PROBLEMS- INTERFERES FREQUENTLY
4. = SEVERE PROBLEMS- INTERFERES CONSTANTLY

(Enter Above Number to Item Listed Below)

Frustration Tolerance _____ Hostility _____ Confusion _____ Anxiety _____

Distractibility _____ Impulsivity _____ Following Directions _____ Temper _____

Spatial Disorientation _____ Problem Solving _____ Memory Loss ST _____ /LT _____

Slowness of Cognitive_____ Slowness of Speech_____ Ability to Self-Correct_____

SECONDARY PROBLEMS

Circulatory in Limbs_____

Diabetes_____

Cardiovascular_____ Visual Loss_____

Seizures (circle one) YES NO

If Yes Controlled with medication? (Circle One) YES NO

Type of Seizure? _____

Date or Last Seizure_____

Bladder Management: Drainage Device Used (circle on) YES NO

Endurance: Normal_____

Decrease with Activity_____

Hearing Loss_____

Sensory Loss: _____

Other: _____

MOTOR STATUS

Please list any problems with MUSCLE TONE, RANGE OR MOTION OR STRENGTH in the below space also note any spasticity or paralysis and area effected.

IT IS NECESSARY THAT BOTH BE SIGNED IN ORDER TO PARTICIPATE.

Recognizing that skiing can be a hazardous sport, I hereby release Whiteface Snow Sports School and the Olympic Regional Development Authority, the host area and agents and employees from liability from any and all injuries of whatever nature rising during or in connection with the lesson or program for which this application is made.

I HAVE or HAVE NOT (circle one) contacted my physician or physical therapist regarding my participation in the sport of skiing/riding and program. I accept any and all responsibility for anything that might occur to me while participating in the sport of skiing/riding.

SIGNATURE: _____ DATE: _____

I hereby give my permission to have photographs taken and used for the purpose of providing visual publicity for the ADAPTIVE SNOW SPORTS PROGRAM.

SIGNATURE: _____ DATE: _____

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