

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:\_\_\_\_\_

Date:\_\_\_\_\_ Type of Lesson:\_\_\_\_\_

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.

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**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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