



PARTICIPANT APPLICATION

(Please Print)

**Participation in Maine Handicapped Skiing is subject to review and evaluation by MHS staff.
If you need assistance in completing this application, please call our office and we will assist you: 207-824-2440.**

PARTICIPANT INFORMATION

Last Name:	First Name:	Today's date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
		Date of Birth:	
Mailing address:	City:	State	ZIP Code:
		County:	

PHONE NUMBERS:

Home:	Cell:	Other:
Email:		Would you prefer to receive our information electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Emergency Contact Phone 1:	Emergency Contact Ph 2:	Relationship:
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OCCUPATION HISTORY

Occupation (optional):	Employer (optional):	Are you a veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Branch of Service?: _____
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GUARDIAN INFORMATION

Are you your own guardian?
 Yes No

If NO, please answer the following regarding your guardian:

Last Name:	First Name:	Relationship:
Address:	City	State ZIP Code
Phone 1:	Phone 2:	Email:

Send Mail To (please check one): Participant Guardian Both Participant & Guardian

MEDICAL INFORMATION

DIAGNOSIS DETAILS

Disability/Diagnosis:	Date of Injury (If Applicable):	Briefly describe the nature and/or cause of your disability (for example: auto accident, blood clot, congenital, etc.).
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Physician Name:	Physician Phone:	Physician Fax:
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Do you have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the following questions regarding your seizures:				
Type of seizure:	Date of last seizure:	Are you currently taking medication for seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list.

Weight: _____ lbs.	Height _____ ft. ____ in.
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MEDICAL INFORMATION CONTINUED

MOBILITY: Please indicate your **primary** mode of mobility:

- Walking
 Partial walking/partial wheelchair
 Wheelchair – Check one: **MANUAL** **POWER**

Please list any mobility aides used in ambulation:

Please indicate any movement or strength limitations you have. If it is not the same on both sides of your body, use the Left (L) and Right (R) choices to clarify those differences.

STRENGTH	Weak		Average		Strong		RANGE OF MOTION	Normal		Limited	
	(L)	(R)	(L)	(R)	(L)	(R)		(L)	(R)	(L)	(R)
Upper Body Strength							Upper Body Range of Motion				
Lower Body Strength							Lower Body Range of Motion				

TONE: Do you have normal muscle tone?

- Yes No

If NO, how would you describe your tone?

- Spastic Athetoid Flaccid Other

If you have a **visual impairment**, please tell us about your vision.

Visual Acuity:
 Field of Vision:
 Other:

If you have a **hearing impairment**, please tell us about your hearing:

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS

YES **NO**

DETAILS

Use the space to below to provide details about anything for which you checked **YES**.

Is any part of your body paralyzed?			
Do you have altered hot/cold sensation?			
Do you use American Sign Language?			
Do you have difficulty speaking or communicating?			
Do others have difficulty understanding you?			
Do you have difficulty remembering things?			
Do you have difficulty following directions?			
Do you become easily frustrated?			
Do you ever verbally or physically lose control?			

Do you have any other medical conditions we should be aware of, for example: fused joints, cardiac?:

PARTICIPATION INFORMATION

Please check the activities in which you are interested in participating.
For the selected activities, indicate your current skill level.

SUMMER	Beginner	Intermediate	Advanced	WINTER	Beginner	Intermediate	Advanced
	<input type="checkbox"/> Golf					<input type="checkbox"/> Alpine Skiing	
<input type="checkbox"/> Kayaking				<input type="checkbox"/> Snowboarding			
<input type="checkbox"/> Canoeing				<input type="checkbox"/> Snowshoeing			
<input type="checkbox"/> Cycling				<input type="checkbox"/> Nordic Skiing			

Are you Right or Left Handed?: Right Left

While wearing a PFD, are you able to turn from face down to face up in the water? Yes No

In what other sports are you involved?:

How did you hear about Maine Handicapped Skiing?

The information contained on this application may be used internally by MHS staff and volunteer instructors.

Please return to: **Maine Handicapped Skiing**
8 Sundance Ln
Newry, ME 04261
207-824-0453 (fax)

If you email this form you need to save a copy and then email that copy to schedule @skimhs.org

2009/2010

OFFICE USE ONLY

New Participant? _____

Equipment Type _____

Date Received ____/____/____