



# 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:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|        |  |
|--------|--|
| 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: |
|-------------------------|----------------------------|-------------------------|---------------|

### OCCUPATION HISTORY

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

## 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.). |
|-----------------------|---------------------------------|---|

### PHYSICIAN INFORMATION

|                 |                  |                |
|-----------------|------------------|----------------|
| Physician Name: | Physician Phone: | Physician Fax: |
|-----------------|------------------|----------------|

### SEIZURES & ALLERGIES

Do you have seizures?     Yes  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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any allergies?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list. |
|------------------|-----------------------|---|--|----------------------|

**Weight: \_\_\_\_\_ lbs.                      Height \_\_\_\_\_ ft. \_\_\_\_ in.**

## MEDICAL INFORMATION CONTINUED

### MOBILITY

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

- Walking  
 Partial walking/partial wheelchair  
 Wheelchair – Circle one: MANUAL or POWER

Please list any mobility aides used in ambulation:

### STRENGTH & RANGE OF MOTION

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) |  |         |  |
| Upper Body Strength |      |     |  |         |     |  |        |     | Upper Body Range of Motion |        |     |  |         |  |
| Lower Body Strength |      |     |  |         |     |  |        |     | Lower Body Range of Motion |        |     |  |         |  |

### STONE

Do you have normal muscle tone?

- Yes  No

If NO, how would you describe your tone?

- Spastic     Athetoid     Flaccid     Other

### VISION

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

Visual Acuity:  
 Field of Vision:  
 Other:

### HEARING

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?  |  |  |  |

### PLEASE CHECK YES OR NO IF YOU HAVE HISTORY OF ANY OF THE FOLLOWING

YES

NO

#### DETAILS

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

|                  |  |  |                |
|------------------|--|--|----------------|
| Asthma           |  |  |                |
| Diabetes         |  |  |                |
| Hypoglycemia     |  |  |                |
| Balance          |  |  |                |
| Dizziness        |  |  |                |
| Vision           |  |  |                |
| Bone Fracture    |  |  |                |
| Fainting         |  |  |                |
| Cardiac Disorder |  |  |                |
| Hearing          |  |  |                |
| Shunt            |  |  | If yes, where? |
| Rods             |  |  | If yes, where? |
| Fused joints     |  |  | If yes, where? |
| Other            |  |  |                |

## 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 |
|-----------------------------------|----------|--------------|----------|
| <input type="checkbox"/> Golf     |          |              |          |
| <input type="checkbox"/> Kayaking |          |              |          |
| <input type="checkbox"/> Canoeing |          |              |          |
| <input type="checkbox"/> Cycling  |          |              |          |

### WINTER

|  | Beginner | Intermediate | Advanced |
|--|----------|--------------|----------|
| <input type="checkbox"/> Alpine Skiing |          |              |          |
| <input type="checkbox"/> Nordic Skiing |          |              |          |
| <input type="checkbox"/> Snowboarding  |          |              |          |
| <input type="checkbox"/> Snowshoeing   |          |              |          |

For any of the above activities, please tell us what kind of adaptation or equipment you feel you may need:

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?:

Have you participated with Maine Handicapped Skiing before?     Yes     No

If yes, what was your most recent season of participation?

If yes, what is the total number of years you have participated?

Is there anyone you know who would like to receive information about Maine Handicapped Skiing?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would they be interested in being a

- Participant or  
 Volunteer

Are you interested in helping Maine Handicapped Skiing by talking with others about your experience with the program?     Y     N

Would you or your family be willing to speak with potential new participants who have questions about the program?     Y     N

Are there any specific organizations or groups that you are affiliated with that would like to have a presentation about Maine Handicapped Skiing? Please List their names and contact information below.     Y     N

### How did you hear about Maine Handicapped Skiing?

Please be specific – indicate who, what, where

|   |                               |
|---|-------------------------------|
| <input type="checkbox"/> The Web                        |                               |
| <input type="checkbox"/> Media (E.g.: Newspaper, Radio) | Name of Publication:          |
| <input type="checkbox"/> MHS Presentation               | Location of Presentation:     |
| <input type="checkbox"/> From another Participant       | First & Last Name (if known): |
| <input type="checkbox"/> From a Volunteer               | First & Last Name (if known): |
| <input type="checkbox"/> From a Therapist/Physician     | Name & Facility Name:         |
| <input type="checkbox"/> Other                          |                               |

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 \_\_\_\_/\_\_\_\_/\_\_\_\_