

Bart J. Ruggiere Adaptive Sports Center Registration Form

Date _____

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail address. _____

Emergency contact and phone # _____

Name of person accompanying participant _____

Disability _____

Height _____ Weight _____ Shoe Size _____
(Manufacturer's limitations – Maximum weight limit sit, bi-ski, Mono-ski is 225 lbs)

New skier _____ Returning skier _____ New snowboarder _____ Returning snowboarder _____

Medications (include dosage, frequency and reason for)

Past Surgical Procedure _____

Primary Physician (name) _____ Phone # _____

General Physical Condition (circle one) Excellent – Good – Fair

Activities and sports involvement

Previous ski/snowboard experience _____

Swimming _____ Weights _____ Soccer _____ Sailing _____ Basketball _____ Ice Skating _____

Water skiing _____ Walking _____ Running _____ Gymnastics _____ Tennis _____ Biking _____

Horseback riding _____ Other (specify) _____

Goals for improvement during season _____

Behavior and General attitudes

- (1) Normal - No problems
 - (2) Mild problems – interferes infrequently
 - (3) Moderate problems – interferes frequently
 - (4) Severe problems – interferes constantly
- (enter above number to item below)

Frustration tolerance _____ Hostility _____ Confusion _____ Anxiety _____ Distractibility _____

Impulsivity _____ Follows directions _____ Problem solving _____ Slowness of speech _____

Spatial disorientation _____ Memory loss _____ Temper _____ Ability to self correct _____

Slowness of cognitive _____

Secondary concerns

Circulatory in limbs _____ Diabetes _____ Cardiovascular _____ Visual loss _____

Seizures (circle one yes no) If yes, controlled with medication : (circle one yes no other)

Type of seizure _____ Date of last seizure _____

Endurance: normal _____ decreases with activity _____

Bladder management : self: yes no Catheter: yes no Leg bag : yes no

Hearing loss _____ Sensory loss _____ other _____

Motor Status

Please list any problems with muscle tone, range of motion, or strength in the space below, and note any spasticity or paralysis and affected area.

I hereby give my permission to have photographs or video taken and use for the purpose of providing visual publicity for the Bart J. Ruggiere Adaptive Sports Center.

Signature _____ Date _____

THE ONLY LIMITS THAT YOU HAVE ARE THE LIMITS THAT YOU SET

The Bart J. Ruggiere Adaptive Sports Center
P. O. Box 2232
Manchester Ctr, VT 05255