

Please fill out all the information on this form to the best of your ability. We look forward to having you join us at New England Disabled Sports, where we envision a world where disabilities are not barriers!

Student Details

Name _____

Gender for Equipment Male Female

Birthdate ____/____/____

Do you own your own ski pass? Yes No

Mailing Address _____

Phone (____) ____ - ____

Height (in) _____

Weight (lbs) _____

Shoe Size (U.S.) _____

Email _____

Parent/ Guardian Information (if applicable)

Full name _____

Phone number (____) ____ - ____

Email _____

Emergency Contact Information

Emergency Contact Name _____

Emergency Contact Relationship _____

Emergency Contact Primary Phone (____) ____ - ____

Emergency Contact Secondary Phone (____) ____ - ____

Student Information

Primary Disabilities _____

Disability Description _____

Preference for Mountain

☐ Bretton Woods

☐ Loon

☐ Either

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Cognitive Challenges

Please select any cognitive challenges that you may exhibit more than the average person

- ☐ Frustration
- ☐ Hostility
- ☐ Confusion
- ☐ Anxiety
- ☐ Attention Deficit
- ☐ Impulsivity
- ☐ Speech Difficulties
- ☐ Perceptual Difficulty
- ☐ Memory Loss (short term)
- ☐ Memory Loss (long term)
- ☐ Aphasia (expressive)
- ☐ Aphasia (receptive)
- ☐ Hyperactivity
- ☐ Temper
- ☐ Dyslexia
- ☐ Acting Out
- ☐ Aggression
- ☐ Self Abusive
- ☐ Anti Social
- ☐ Disorientation
- ☐ None

Equipment Type

Do you own your own equipment?

- ☐ Yes _____
- ☐ No

If you have an idea of what type of equipment you prefer to use, please describe here

- ☐ 2 track (stand up skiing)
- ☐ 3-4 track (stand up skiing with outriggers/ supports)
- ☐ Snowboard
- ☐ Sit ski
- ☐ Not sure

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Communication Method

- ☐ Verbal
- ☐ Non-verbal
- ☐ Sign-Language
- ☐ Braille
- ☐ Electronic Assistance

Mobility Aid

- ☐ Walking Normally
- ☐ Walking Guide
- ☐ Cane or Crutches
- ☐ Braces
- ☐ Wheelchair
- ☐ Power Wheelchair

Breath Independently

- ☐ Yes
- ☐ No

Race/Gender Information

The questions below are optional to answer. We use the information provided to apply for grants, which is what helps our program to function!

Race Selection

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Not Listed
- ☐ Prefer Not to Answer

Gender Selection

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Prefer to Self- Describe
- ☐ Prefer Not to Answer

Language Selection _____

LGBTQ+ Selection

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Answer

Hispanic Latino Spanish Origin

- ☐ Yes
- ☐ No

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Medical Information

Allergies Yes No

Allergies Description _____

Shunt Yes No

Shunt Description _____

Bladder/Bowel Adaptations Yes No

Bladder/Bowel Adaptations Description _____

Medical Conditions (check all that apply)

- ☐ Poor Circulation
- ☐ Cardiovascular Problems
- ☐ Diabetes
- ☐ Sensory Loss
- ☐ Lack of Stamina
- ☐ Respiratory Problems
- ☐ Autonomic Dysreflexia
- ☐ Thermal Regulation
- ☐ None

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On Medications Yes No

Medications Description _____

Recent/ Remarkable Surgical Procedures Yes No

Surgery Description _____

History of Seizures Yes No

Seizures Controlled by Medication Yes No

Seizures Description/ Information _____

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Additional Information

Comments

Tell us about you - interests, leisure activities, strengths, preferences...
anything that helps us to make your experience the best it can be!

Do you or have you in the past received OT/PT/SLP services?

Yes _____

No _____

Military Status

- ☐ Not Applicable
- ☐ Active Duty
- ☐ Veteran

Service Branch

- ☐ Army Corps
- ☐ U.S. Air Force
- ☐ U.S. Marine Corps
- ☐ U.S. Navy
- ☐ Other

Goals

What are your goals during your time with NEDS?

Level of Independence

What level of assistance do you expect to need with preparation?

Injury

- ☐ Military Injury
- ☐ Non Military Injury

Wartime Service

- ☐ Pre 2001 Veteran
- ☐ Post 2001 Veteran

Number Years Military Service _____

Year of Injury _____

Military Rank _____