



STUDENT INFORMATION SHEET 2023-2024

Name: _____ Nickname: _____

Parents/Caregiver Name: _____

Primary Phone: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Emergency Contact: _____ Phone No: _____

STUDENT INFORMATION

Date of Birth: _____ Height: _____ Weight: _____ Shoe Size: _____

Identifies with: M / F Do you require rental equipment? Yes / No Veteran: Yes / No Active? _____

May we use your picture (Please Select and Initial)? Yes _____ No _____

DISABILITY INFORMATION

Disability: _____ Date of Injury/Disability: _____

Physical Limitations: please describe any limitations (range of motion, muscle tone, strength, extent of hearing loss, range or clarity of vision) _____

Communication: (circle) Verbal Non-Verbal Sign Language Electronic Assistance

Mobility/ Assistance: (circle) Walking Walking w/guide Cane/Crutches Braces Wheelchair Electric Wheelchair

Cognitive/ Behavioral/ Emotional Information (please circle all that apply)

Frustration Confusion Anxiety Attention Deficit/Hyperactivity Impulsivity Aggression Speech Difficulty Perceptual Difficulty

Anti-Social Memory Loss Self-Abusive Disorientation Acting out Safety issues on mountain _____

Behavior Challenge: How is it presented and what methods work to reduce?

Medical Information:

Does the participant have seizures? (Please circle) Yes No Date of most recent seizure _____

Does the participant have allergies? Yes No Please list _____

Does the participant have a shunt? Yes No Type _____ Bladder or bowl adaptations? Yes No

Manages bathroom independently? Yes No

Currently taking Medications? (Please list) _____

Please circle any conditions that my apply: Poor circulation Cardiovascular Problems Diabetes Sensory Loss

Lack of Stamina Respiratory Problems Autonomic Dysreflexia Thermal Regulation Problems

Has participant participated previously in other winter sports? (circle) Skiing Snowboarding Cross-Country Skiing

Please list any other athletic activities that participant is involved in: _____

Please share your Covid vaccine status _____