

# Participant Information 2009/2010

Own Pass  Need Ticket

To TASP:  New  Returning

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Group/Sponsor Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ County (CO only): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

\*\*\*please check box for preferred contact phone\*\*\*

Requested Lesson Dates and Type: \_\_\_\_\_

Local Lodging Name: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Preferred Payment Method (please check):  Visa  MasterCard  AmEx  Check  Cash

## Disability & Medical Information

Disability: \_\_\_\_\_ Date of Onset/Accident<sup>1</sup>: \_\_\_\_\_

If **physical**, describe (level of injury, level of function, mobility equipment used, VI? level of vision, glasses/contacts, HI? need ASL interpreter?, affected body parts, etc): \_\_\_\_\_

If **cognitive**, describe (level of cognition, stressors, motivators, etc): \_\_\_\_\_

**All participants**, list any medications<sup>2</sup>, dosage, what for: \_\_\_\_\_

Allergies (food, meds, *reaction*) or dietary requirements: \_\_\_\_\_

<sup>1</sup> If it has been less than one year from the date of accident, illness, or injury, please provide us with written permission from your doctor to participate as this is a TASP guideline for safe participation.

<sup>2</sup> TASP cannot administer medication. If meds need to be given to participant during lesson times and participant is unable to administer the medication themselves, please make arrangements with the instructor to meet at the given time.

Has the participant **ever had a seizure**? \_\_\_\_\_ If so, when was the last one? \_\_\_\_\_  
Describe, what type? \_\_\_\_\_ Are they controlled? \_\_\_\_\_

Does the participant have a shunt? no yes

Describe any medical concerns we should be aware of in case of an emergency: \_\_\_\_\_  
\_\_\_\_\_

Any recent injuries, illnesses, *surgeries*, or skin breakdowns in the last year? Provide dates and specifics: \_\_\_\_\_  
\_\_\_\_\_

List body parts susceptible to cold, heat, impact: \_\_\_\_\_

List other activities the participant participates in: \_\_\_\_\_  
\_\_\_\_\_

What are the participants goals while at TASP: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about the program: \_\_\_\_\_

### Snowsport Information

Height: \_\_\_\_\_ Weight<sup>3</sup>: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Skied before? no yes, # of times \_\_\_\_\_ Number of times since disability \_\_\_\_\_

Skied Telluride before? no yes Where have you skied (areas/programs)? \_\_\_\_\_

If skied with TASP before, name of previous instructor(s): \_\_\_\_\_

Terrain skied since disability: green double green blue double blue black double black bumps Nastar

What method do you use: alpine snowboard mono-ski bi-ski dual-ski ski bike  
(check all that apply) 3 track 4 track VI guide slider don't know

Need rental equipment? no yes Need adaptive rental equipment? no yes

If yes, what equipment have you used in the past? \_\_\_\_\_

<sup>3</sup> Due to equipment limitations and the safety of participants and instructors, we have a 200 lbs weight limit for all sit down participants.