

Date of Birth:	Age:	Developmental Age (if applicable):
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Height: Weight: Gender:: Preferred Pronouns:

Shoe Size
Left: Right:

Ethnicity
 Not Declared African American Asian Caucasian Hispanic Other

I need equipment for my lessons:

Which activities have you done before (check all that apply).
 Mountain Biking: Rock Climbing(Indoor/Outdoor): Kayaking: Hiking:
 Other:

If you have done any of the above activities please indicate when (date), with whom (program) and how long.

- Activity Preference:
- Unknown - I don't know what I can/want to do
 - Hiking - Hiking in the Flagstaff area
 - aMTB Private Lesson - Mountain biking (Beginner, Intermediate, Advanced)
 - Kayaking - Kayaking (Single/Tandem)
 - Rock Climbing - Indoor Climbing in Flagstaff
 - Group aMTB ride - Group Rides with various times and locations
 - Attending - Varies
 - Youth Group Ride - Group ride for ages 8-15
 - Speical Event - Used for various activities
 - Private Kayaking - Tailored private lesson

How Many Are In Your Party(For events):
 Any additional prevalent information?:

I need equipment for my lessons:

Which activities have you done before (check all that apply).
 Downhill/SitSki: CrossCountry: Snowboard: Snowshoe:
 If you have done any of the above activities please indicate when (date), with whom (program), where (ski area) and how long.

- Snowsport Preference:
- Unknown - I don't know what I can/want to do
 - Two Track - Typical stand-up skiing
 - Youth Lesson (Under 12) - Typical stand-up skiing (Under 12)
 - Three Track - Skiing on one leg with standup outriggers
 - Four Track - Skiing on two legs with standup outriggers

- Slider - Stand up skiing on one or two legs using a 'walker' on skis
- Bi-Ski - Sit skiing on a device with two skis attached
- Bi-Ski Fixed - Sit skiing on a device with 2 skis attached and 1 or more fixed outriggers for additional balance
- Mono-Ski - Sit ski device on one ski, harder to balance, but offers more independence
- Tetra Ski - Joystick or Sip and Puff controlled sit ski
- Sno Go - 3-skied snow bike (Standing and holding handle bars)
- Snowboard - Snowboarding with or without special equipment.

Past Instructor Preference:

Any additional prevalent information?:

Please Check All Disabilities That Apply to You.

Allergies
Please Describe

Altitude Problems
Please Describe

ALS (Amyotrophic lateral sclerosis) Lou Gehrig's
 Wheelchair **Walker** **Braces**
Transfer Help

Other Issues

Amputations

<input type="checkbox"/> AK Right	<input type="checkbox"/> BK Right	<input type="checkbox"/> AE Right	<input type="checkbox"/> BE Right
<input type="checkbox"/> AK Left	<input type="checkbox"/> BK Left	<input type="checkbox"/> AE Left	<input type="checkbox"/> BE Left
<input type="checkbox"/> Shoulder Right	<input type="checkbox"/> Hip Right		
<input type="checkbox"/> Shoulder Left	<input type="checkbox"/> Hip Left		

Onset

Anxiety

Please Describe

Asthma

Triggers

Inhalers

Autism Spectrum

ADD **ADHD**

Aspergers **Sensory Processing Disorder**

Learning Delays **Verbal** **Non-verbal**

Please Describe

Blind / Vision Impaired

Partial **Full**

Type

Onset

Burns

Please Describe

Cardiac Issues

Please Describe

Cerebral Palsy

<input type="radio"/> Flaccid	<input type="radio"/> Spastic	<input type="radio"/> Athetoid	<input type="radio"/> Ataxic
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	<input type="checkbox"/> Braces	

Transfer Help

Cognitive Disorder

Learning Delays Motor Delays Speech Delays

Wheelchair Walker Braces

Cognitive Age

Deaf / Hard of hearing

Partial Full

Lip Read Sign

Type

Onset

Developmental Delays

Emotional Delays Learning Delays Motor Delays

Wheelchair Walker Braces

Transfer Help

Cognitive Age

Diabetes

<input type="checkbox"/> Insulin	<input type="checkbox"/> Type 2	<input type="checkbox"/> Neropathy	
		<input type="checkbox"/> Hands	<input type="checkbox"/> Feet

Down Syndrome

Multiple Sclerosis

Wheelchair Walker Braces

Transfer Help

Muscular Dystrophy

Wheelchair Walker Braces

Transfer Help

Orthopedic Fixation

Please Describe

Parkinson's

Please Describe

Polio / Post Polio

Wheelchair Walker Braces

Transfer Help

PTSD

Military Related

Onset

Cause

Seizures

PetitMal GrandMal Tonic Clonic

Last Seizure

Spina Bifida

Wheelchair **Walker** **Braces**

Transfer Help

Comments

Spinal Cord Injury

Level

Partial **Full**

Wheelchair **Walker** **Braces**

Transfer Help

Traumatic Brain Injury/Stroke

CVA-Stroke **TBI**

Seizures (please mark the seizures box and type.)

Wheelchair **Walker** **Braces**

Onset

Cause

Transfer Help

Other

Please Describe

Please describe how the participant's disability affects their behavior/mood and/or physical ability.:

For the best possible 'Adaptive Lesson' please provide us with information on how to best motivate the participant, and/or things we should not do:

I am a US military veteran

Branch of Service:

Rank at discharge:

I have combat related injuries

I was injured before 2001