

Grand Targhee Ski and Snowboard School

Participant Information

Participants Name _____ Date of Birth _____

Phone _____ Email _____

Address: _____

City: _____ State _____ Zip _____ Country _____

Language: _____ male _____ female _____ non-gender _____

Height: _____ Weight: _____ Hip: _____ Waist: _____ (hip & waist for sit-ski only)

Guardian _____ Relationship _____ D.O.B _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Physician Name _____ Location _____ Phone _____

Participant's Diagnosis: _____ Onset/date of injury: _____

Participants Type of Diagnosis

<input type="checkbox"/> Neurological	<input type="checkbox"/> Developmental
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Spinal Cord Injury
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Other

Specific Details/Secondary Conditions (if applicable): _____

Please list current medications. _____

Does the participant take medication as prescribed? _____

****Participant with Down Syndrome Acknowledgement**** We require an examination by a physician for Atlantoaxial Instability prior to participating. Physician Results/Findings:

_____ **Initial** _____

Does the participant have seizures? _____ Type _____ Frequency _____

Date of last seizure _____ Medication _____ Is medication taken as prescribed _____

****Participant with seizure Acknowledgement**** For the participants' safety, a safety harness is required to load/ride the chairlifts if the participant has had a seizure within 1 year. **Initial** _____

Physical Information

For the following questions please answer yes or no (if yes, please provide additional details)

Allergies or Dietary Restrictions?	
Subject to Seizures?	
Cardiovascular limitations?	
Respiratory limitations?	
Sensory loss?	
Allergies or Dietary Restrictions?	
Has shunt?	
Has a G Tube/ or bladder/bowel adaptations?	
Surgeries in the past year?	
Any significant injuries in the past year?	

Describe the participants' mobility

<input type="checkbox"/> Independent	<input type="checkbox"/> Requires some assistance
<input type="checkbox"/> Requires full assistance	<input type="checkbox"/> Other

Describe any devices that the participant uses to aid mobility

<input type="checkbox"/> Non-Applicable	<input type="checkbox"/> Crutches/Cane
<input type="checkbox"/> Walker	<input type="checkbox"/> Braces
<input type="checkbox"/> Power/Electric Wheelchair	<input type="checkbox"/> Manual Wheelchair
<input type="checkbox"/> Other (please list)	

Describe participants' ability to transfer to equipment (if applicable)

<input type="checkbox"/> Independent	<input type="checkbox"/> Requires some assistance
<input type="checkbox"/> Requires full assistance	<input type="checkbox"/> Other

Does the participant have a hearing impairment? Describe ability and special needs/concerns. _____

Does the participant have a visual impairment? Describe ability and special needs/concerns. _____

On a scale of 1 to 5, please describe the strength and use of upper and lower extremities and balance as it pertains to the function, strength, and range of motion. (1: no ability and 5 being full). Be specific, left and right, does it vary?

	Strength	Range of Motion	Feeling/Sensation	Function
Upper Body <ul style="list-style-type: none"> • Arm • Hand 				
Lower Body <ul style="list-style-type: none"> • Hip • Legs 				
Core/Trunk				
Balance				

Describe the participants' endurance.

Severely below average	Moderately below average	Average	Moderately above average	Extremely above average
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Cognitive/Behavioral Information

Give the chronological age in years of the participants' learning and understanding ability. _____

Give the chronological age in years of the participants' decision making/ judgment ability. _____

On a scale of 1 to 4, describe the ability of the participants. (1: average, 2: mild, 3: moderate, 4: sever)

Slowness of speech_____ Ability to self-correct_____ Anxiety_____

Memory loss (short term) _____ Memory loss (long term) _____

Spatial Disorientation_____ Receptive_____ Expressive_____

Confusion_____ Distractibility_____ Impulsivity_____

Frustration_____ Temper_____ Hostility_____

Describe any pertinent information regarding the participants' methods of communication (verbal/nonverbal)

Lesson Request

What discipline of snow sport is participant interested in?

<input type="checkbox"/> Stand-Up Skiing	<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Nordic
<input type="checkbox"/> Bi Ski	<input type="checkbox"/> Mono Ski	<input type="checkbox"/> Tele
<input type="checkbox"/> 3 Track	<input type="checkbox"/> 4 Track	

****Sit Ski Specific Requirements:** Initial those that apply**

We have a weight limit of 185lbs. Exceptions will be considered for skiers who are independent when transferring from wheelchair and loading/unloading chairlift. **Initial** _____

While strapped into the sit ski, loading/unloading the chair (with assistance) may include a drop of up to 2 feet, the participants' hips and back must be able to withstand this impact. **Initial** _____

Participant must be able to transfer from sit ski to personal wheelchair for bladder/bowel routine, an attendant or family member will be present to assist if needed. **Initial** _____

Skill Level

<input type="checkbox"/> Beginner	<input type="checkbox"/> Carpet	<input type="checkbox"/> Novice
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	

Requested Days (include full/half day) _____

List any preferences participant has for an instructor. _____

Please list other activities the participant is involved with, noting frequency and duration. _____

Acknowledgement of Risk: Gravity and snow in a mountain environment pose many inherent risks, specifically slips, and falls as well as increased impacts when contacting the ground or other objects. Additionally, snow sports are physically demanding activities. Grand Targhee's base area is at high elevation, 8000 ft, which may cause regular activities to feel more strenuous. Certain medical conditions or interventions may induce a heightened risk for critical injury; therefore, a medical release is recommended and may be required prior to participation. I understand the risks and do not have any medical conditions that may increase my risk of injury. **Initial** _____

In signing below, I agree to release and verify the accuracy of this medical information to Grand Targhee Resorts' Ski and Snowboard School and understand that the information is confidential and will only be used by Grand Targhee Resorts' Ski & Snowboard School.

Printed Name of Person Filling Out Form _____

Relationship if not the participant _____

Signature _____ Date _____