

**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"> <li>• Arm</li> <li>• Hand</li> </ul>				
Lower Body <ul style="list-style-type: none"> <li>• Hip</li> <li>• Legs</li> </ul>				
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)

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**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 \_\_\_\_\_