



PARTICIPANT APPLICATION

(Please Print)

Participation in Maine Adaptive is subject to review and evaluation by Maine Adaptive staff.

If you need assistance completing this application, please call our office & we will assist you: 207-824-2440 ext 1107

PARTICIPANT INFORMATION

Last Name:	First Name:	Today's date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Nickname:	Date of Birth:	
Mailing address:	City:	State	ZIP Code:
			County:

PHONE NUMBERS:

Primary:	Secondary:	Other:
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Email:	Would you prefer to receive our information electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OCCUPATION HISTORY

Occupation (optional):	Employer:	Are you a veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, what Branch of Service?: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Emergency Contact Phone 1:	Emergency Contact Phone 2:	Relationship:
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GUARDIAN INFORMATION

Are you your own guardian? Yes No
If NO, please answer the following regarding your guardian:

Last Name:	First Name:	Relationship:
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Check Here if Contact Information is the Same as Participant If Not Please fill out contact info below:

Address:	City	State	ZIP Code
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Phone 1:	Phone 2:	Email:
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Send Mail To (please check one): Participant Guardian Both Participant & Guardian

MEDICAL INFORMATION

Disability/Diagnosis:	Date of Injury (If Applicable):	Briefly describe the nature and/or cause of your disability (for example: auto accident, blood clot, congenital, etc.).
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Physician Name:	Physician Phone:	Physician Fax:
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Do you have allergies? Yes No If yes, please list: _____

Do you use an EPI Pen: Yes No **If yes, you must bring it to all programming**

Please answer the following questions about seizures:	Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Seizure: Date of last seizure:	Do you take medication for seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OFFICE USE ONLY

New Participant? _____	Equipment Type _____	Date Received ____/____/____
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Weight: _____ lbs.		Height _____ft. _____in.	
<input type="checkbox"/> Walking <input type="checkbox"/> Partial walking/partial wheelchair <input type="checkbox"/> Wheelchair – Check one: <input type="checkbox"/> MANUAL <input type="checkbox"/> POWER		Please list any mobility aides used in ambulation:	
Please indicate any movement or strength limitations you have. If it is not the same on both sides of your body, use the Left (L) and Right (R) choices to clarify those differences.			
STRENGTH	Weak (L) (R)	Average (L) (R)	Strong (L) (R)
Upper Body Strength	[] []	[] []	[] []
Lower Body Strength	[] []	[] []	[] []
		RANGE OF MOTION	Normal (L) (R)
		Upper Body Range of Motion	[] []
		Lower Body Range of Motion	[] []
TONE: Do you have normal muscle tone? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, how would you describe your tone? <input type="checkbox"/> Spastic <input type="checkbox"/> Athetoid <input type="checkbox"/> Flaccid <input type="checkbox"/> Other	
If you have a visual impairment , please tell us about your vision. Visual Acuity: Field of Vision: Other:		If you have a hearing impairment , please tell us about your hearing:	

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS	YES	NO	DETAILS Use the space to below to provide details about anything for which you checked YES.
Is any part of your body paralyzed?			
Do you have altered hot/cold sensation?			
Do you use American Sign Language?			
Do you have difficulty speaking or communicating?			
Do others have difficulty understanding you?			
Do you have difficulty remembering things?			
Do you have difficulty following directions?			
Do you become easily frustrated?			
Do you ever verbally or physically lose control?			

Do you have any other medical conditions we should be aware of, for example: fused joints, cardiac?:

PARTICIPATION INFORMATION

Please check the activities in which you are interested in participating.
You will also need to fill out the seasonal sign up form to request lessons

General Program

- Alpine Skiing Golf
- Snowboarding Paddling
- Snowshoeing Tennis
- Nordic Skiing Cycling

Specialty Camps

- Veterans No Boundaries
- Blind & VI Ski Festival
- Mono ski Camp

Are you Right or Left Handed?: <input type="checkbox"/> Right <input type="checkbox"/> Left	While wearing a PFD, are you able to turn from face down to face up in the water? <input type="checkbox"/> Yes <input type="checkbox"/> No
What other sports or activities do you take part in?:	
Do you receive federal or state financial assistance?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a felony (excluding any record that has been judicially sealed, expunged, eradicated or dismissed)? Yes No **If yes, please attach a page of explanation**

The information contained on this application will be used internally by Maine Adaptive staff and volunteer instructors.

Please return to: Maine Adaptive Sports & Recreation 8 Sundance Ln Newry, ME 04261	Fax: 207-824-0453 Or save a copy & email that to info@maineadaptive.org
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