

SASEF Student Information Form 2011/2012

Name: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Email: _____

Date of Birth: _____ Sex: ___ F ___ M

Height: _____ Weight: _____

(Sit equipment is limited to 200 lbs. for safety)

Emergency Contact

Name: _____

Relation: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Diagnosis Primary: _____

Diagnosis Secondary: _____

Date of Onset: _____

Mobility: ___ Walker ___ Crutches ___ Braces

Wheelchair: ___ Manual ___ Electric ___ Sport

Have there been any seizures in the last year?

___ Yes ___ No Date last seizure _____

Type of seizure? _____

Shunt: ___ Yes ___ No

Bladder or Bowel Adaptations: ___ Yes ___ No

Type: _____

Herrington Rods: ___ Yes ___ No

Please list any food restrictions:

Please list all known allergies:

Please mark with an "X" any of the following that apply to you and might impact your skiing experience:

- ___ Range of motion
- ___ Poor circulation in limbs
- ___ Diabetes
- ___ Cardiovascular problems
- ___ Vision loss
- ___ Hearing loss
- ___ Sensory loss
- ___ Respiratory problems
- ___ Low endurance (tire easily)
- ___ Communication difficulties
- ___ Memory loss (long term/short term)
- ___ Spatial orientation
- ___ Aphasia
- ___ Anxiety
- ___ Frustration tolerance
- ___ Sensitivity to hot/cold temperatures
- Other _____

Cognition and Processing:

___ No Concerns (please mark if there are no concerns in this area)

Is the participant proficient in the following skills?

Mark with an "X" for Yes:

- ___ Knows numbers
- ___ Knows left/right
- ___ Communicates feelings
- ___ Recognizes name
- ___ Makes eye contact
- ___ Knows safety awareness
- ___ Interacts with peers
- ___ Appropriate conversation
- ___ Takes turns
- ___ Understands personal space
- ___ Makes sounds
- ___ Says words
- ___ Speaks in complete sentences
- ___ Understands "No"
- ___ Signs or uses gestures
- ___ Follows directions
- ___ 1-step ___ 2-step ___ 3-step ___ Complex
- ___ Attention to task
- ___ Poor (0-1 min) ___ Fair (1-5 min) ___ Avg.(5 min)
- ___ Frustration tolerance
- ___ Poor ___ Fair ___ Average
- ___ Learning Style
- ___ Visual ___ Auditory ___ Kinesthetic (by doing)

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Behavioral: _____ No Concerns (Please mark if there are no concerns in this area)

Does the student have any behavior issues? ___ Yes ___ No If yes please explain: _____

Successful intervention strategies used (behavioral, rewards, consequences, etc.): _____

Medical Information: Please list all medications participant is currently taking. Attach additional pages if needed.

Medication	Reason	Side Effect

Does the participant ever experience altitude sickness? ___ Yes ___ No ___ Not sure

Does the participant ever experience motion sickness? ___ Yes ___ No ___ Not sure

General Information: What are your goals for this skiing experience? _____

Any fears or dislikes: _____

Anything else we should know? _____

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in Snowbasin Adaptive Sports Education Foundation programs, or while being on the property of Snowbasin Resort Company, I authorize the Snowbasin Staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name: _____

Address: _____

Physician's Name: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

This authorization includes x-ray, surgery, hospitalization, medication, and any procedure deemed "life-saving" by the physician. This provision will only be invoked if the person listed below is unable to respond.

Consent Signature: _____ Date: _____

(Participant/Guardian)

Print Name: _____ Relationship: _____

Snowbasin Adaptive Sports Education Foundation Insurance Waiver & Release of Liability Form and Media Release Form

Please note: There are two places on this sheet that require a signature

In consideration of being allowed to participate in SNOWBASIN ADAPTIVE SPORTS EDUCATION FOUNDATION programs, events or activities, I and/or the minor participant, the undersigned:

1. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death which might result only from my own actions, inactions or negligence of others, the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Acknowledges that although the Snowbasin Adaptive Sports Education Foundation has taken reasonable steps to provide me and/or the minor participant with appropriate equipment and skilled staff, the programs for which I have applied have inherent risk.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue SNOWBASIN ADAPTIVE SPORTS EDUCATIONAL FOUNDATION or SNOWBASIN RESORT COMPANY, its representative administrators, directors, volunteers, employees, other participants, sponsors, all of which are hereinafter referred to as "releasees", from demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/We have read the above waiver and release, understand that I/We have given up substantial rights by signing it, have not changed it orally, and sign it voluntarily.

X _____

Participants Name (Please Print Clearly)	Signature	Date
_____ I have been counseled on the safety advantages of wearing a helmet and am declining to wear a helmet.		

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and for myself, and my heirs, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____

Parent's Signature & Emergency Phone	Name & Date (Please Print Clearly)
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MEDIA RELEASE FORM

Name _____ Age _____

Media/Photo Waiver:

_____ I hereby authorize and give my full consent to SNOWBASIN ADAPTIVE SPORTS EDUCATION FOUNDATION or SNOWBASIN RESORT COMPANY to copyright and/or publish or use for public displays, art or advertising purposes any and all photographs, videotapes and/or film in which I appear while participating in activities or events.

_____ **I DO NOT** give my consent to SNOWBASIN ADAPTIVE SPORTS EDUCATION FOUNDATION or SNOWBASIN RESORT COMPANY to use any photographs, videotapes, or films in which I appear while participating in activities or events.

X _____

Signature of Participant (or Guardian if under 18)	Date
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