

**TELLURIDE ADAPTIVE SPORTS PROGRAM (TASP)
2010 SUMMER PROGRAM - PARTICIPANT INFORMATION SHEET**

CONTACT AND PERSONAL INFORMATION

Name _____ Today's Date _____

Address _____
Street City State Zip

Phone Number(s) Home _____ Work _____ Cell _____

Email Address _____ Local Lodging # _____

Date of Birth _____ MALE / FEMALE (circle) Height _____ Weight _____

Emergency Contact _____ Phone _____

What activities are you interested in? Rafting Jeep Tours Kayaking Cycling Hiking Fishing
 Horseback Riding Rock Climbing Day outings Overnight outings
 Other (describe) _____

MEDICAL & DISABILITY INFORMATION

What is your disability and what is involved (please be specific)?

Do you walk? YES / NO

If not, what type of mobility assistance do you use?

Wheelchair: Manual ___ or Electric ___
Crutches ___ Walker ___

Does your equipment need special care? YES / NO Does it need to stay dry? YES / NO

Medications? YES / NO

If yes, please list name, what for and dosage.

Have you had a seizure before? YES / NO

If yes, when was the last seizure and how often do they occur?

Do your medications require special handling (refrigeration? protection from light?) YES / NO

If yes, what are the requirements? Note: For overnight and extended trips, we urge you to bring a double medication supply so it can be kept in 2 separate places. This is for your protection! *TASP staff can not administer medications.*

Are you involved in other physical activities? YES / NO If yes, what kind and how often?

Have you participated with TASP or other adaptive programs? YES / NO If Yes, where, when – please describe:

On a scale of 1-5, please rate - Upper body strength poor 1 2 3 4 5 excellent

Balance poor 1 2 3 4 5 excellent

Describe any physical weakness:

Describe any recent accidents, severe illnesses, injuries, surgeries or pressure sores in the last year?

DAILY ACTIVITIES

Do you need assistance or have issues in the following areas: eating, bowel/bladder, dressing, attendant care needs, sleeping or sleepwalking, or other special needs? Please describe so we may address and plan appropriately.

Do you have any allergies to food, insects, or medication? YES / NO If yes, please list them.

Do you carry an epi-pen? YES / NO

Do you have any dietary restrictions? YES / NO If yes, please list them.

Will you be bringing any special foods with you? YES / NO If yes, type of food, quantity, and if it requires special handling (i.e. refrigeration)?

How do you or your child handle stress and what helps minimize it?

BOATING, RIVER, CAMPING EXPERIENCE

Have you had any boating and river experience before? YES / NO If yes, describe where and when.

Will you need special boat seating? YES / NO Rigid ___ Arm supports ___ Crazy Creek ___ Other ___
Please specify what you need. If you do not know - we will help you assess.

Swimming Ability: Afraid of Water ___ Can't Swim ___ Can Float ___
Can Swim at Least 50 Yards ___ Swim Well ___ Love the Water ___

Have you been camping or stayed in a cabin before? YES / NO If yes, when was the last time and how long?

Do you have difficulty regulating body temperature? YES / NO If yes, what helps -spray bottle, umbrella, etc.

Is your body susceptible to cold or impact? YES / NO If so, what areas?

Do you have any fears (heights, water, speed)? YES / NO Please describe.

What motivates you or your child? What is your motivation for participating?

Do you need a scholarship? YES / NO If YES, please refer to TASP Summer Program Scholarship Application

THANK YOU for completing this information form. The more complete the information, the better we can prepare and ensure that your trip or activity is safe, comfortable, and rewarding.