Military Participant Information Form

Participation in Steamboat Adaptive Recreational Sports is subject to review and evaluation by STARS staff. Please call our office at 970-870-1950 if you need assistance in completing this application. Your information is important to us so that we may provide the best possible service to you so please print clearly.

CLIENT INFORMATION

Last name:	First name:	Date of birth:	Sex: ❒ M ❒ F

Client cell phone (must have if independent):	Home phone:	Today's date:

EMERGENCY CONTACT INFORMATION

Name:	Cell phone:	Relationship:

MILITARY INFORMATION

Branch of service:	Rank when retired:	Wars/conflicts served:	Date of Injury: / / ❒ Service related ❒ Non-service related

Place/country of injury:	VA Hospital in which you are connected:

VA contact name:	VA contact number:

HEALTH HISTORY

Height: _______ft. ______in. Weight: ____________lbs.

*Due to personnel safety standards and equipment weigh limits, we cannot accommodate sit skiers over 200lbs. For alternate options, please call the STARS office.

History of Seizures: ❒ Y ❒ N Seizure type: ❒ Petite ❒ Mal ❒ Grand Mal ❒ Other _________ Seizure in the past 24mths: ❒ Y ❒ N

Allergies? ❒ Y ❒ N Type of Allergies: ____________________________ Do you carry an Epipen? ❒ Y ❒ N

Medications: _______________________________________ Side effects of medications: ______________________________

Please note, STARS CANNOT administer medications

Assistance needed using the bathroom? ❒Y ❒N ***Please note, STARS CANNOT assist with the personal care of participants***

Name of caregiver who will assist:____ Phone: ____

Food or dietary restrictions:____

DISABILITY (Check boxes that apply)

Disability	Subgroup (Check subgroup that corresponds with disability)
❒**Cancer**	
❒**Cognitive**	❒ Bipolar ❒ PTSD ❒ Other________________
❒**Deaf/hard of hearing**	❒ Complete left ❒ Complete right ❒ Partial left ❒ Partial right
❒**Medical**	❒ Diabetes ❒ Heart defect ❒ Arthritis ❒ Other____________________________
❒**Neuromuscular** (affects muscles or nervous system)	❒ Balance disorder ❒ TBI ❒ Other ____________________________________ ❒ SCI Level: ❒C1-T1 ❒T1-T6 ❒T7-T12 ❒L1-L5 ❒S1-S5 ❒Complete ❒Incomplete
❒**Orthopedic**	❒ Amputee Please indicate _______________________________________ ❒ Fused Joints Please indicate _______________________________________
❒**Vision impairment**	❒ Complete left ❒ Complete right ❒ Partial left ❒ Partial right

If you checked more than one disability above, please indicate which is considered your primary and secondary disability:

Primary: ____

Secondary: ____

The information provided on this application will be used internally by STARS staff and volunteer instructors. Only contact information will be shared with Steamboat Ski & Resort Corp for marketing purposes.

❒ I would like to opt out from having my contact information shared with Steamboat Ski & Resort Corp.

❒ I would like to opt out of STARS mailing list

STARS will complete information to right

Participant name

Contact name/cell number

SPECIFIC DISABILITY DETAILS

Please describe how your disability affects you:	Date of Injury (if applicable):

PARTICIPATION INFORMATION

Please check the activities in which you are interested in participating. Indicate your current skill level or leave blank if you do not know.

Winter	Never ever	Beginner (greens)	Intermediate (blues)	Advanced (blacks)
❒ Alpine skiing				
❒ Snowboarding				
❒ Snow shoeing				
❒ Snow biking				
❒ Nordic				
❒ Other				

Summer

❒Cycling	❒Fishing	❒ Other
❒Mt. biking	❒Waterski/wakeboard	
❒Hiking	❒Paddleboard	
❒Kayak/canoe	❒Whitewater rafting	
❒Camping	❒Horseback riding	

STRENGTH & RANGE OF MOTION

Please indicate any movement or strength limitations you have.
If it not the same on both sides of you body, us the left (l) and right (r) choices to clarify

Strength	Weak	Average	Strong	Range of Motion	Limited	Normal
Upper body strength	❒ L ❒ R	❒ L ❒ R	❒ L ❒ R	Upper body range	❒ L ❒ R	❒ L ❒ R
Lower body strength	❒ L ❒ R	❒ L ❒ R	❒ L ❒ R	Lower body range	❒ L ❒ R	❒ L ❒ R

Do you have normal muscle tone? ❒ Y ❒ N
If no, how would you describe your muscle tone? ❒ Spastic ❒ Athethoid ❒ Flaccid ❒ Other ________________________
Mobility: ❒ Walks independently ❒ Walks w/assistive device ❒ Manual wheelchair ❒ Power wheelchair
Transfer ability: ❒ Transfers independently ❒ Transfer self w/assistance ❒ Can bear weight with assistance
❒ Cannot bear weight ❒ No ability to self-transfer

MEDICAL INFORMATION

Check "Yes" or "No" to the following questions	Yes	No	Please explain any "Yes" answers
Post-Traumatic Stress?			
Sensitivity to hot/cold?			
Do you use ASL or a communication device?			
Do you have difficulty speaking or communicating?			
Difficulty with balance?			
Difficulty remembering things or following directions?			
Any type of paralysis?			
Wear any sort of spinal stabilization?			
Personal care or independence concerns?			
Do you become easily frustrated? If so, what are your triggers?			
Do you ever verbally or physically lose control? If so, how can we help diffuse the situation?			

STARS will complete information to right

Participant name ______________________________

Contact name/cell number ______________________________

Check "Yes" or "No" if you have history of any of the following conditions	Yes	No	Please explain any "Yes" answers
Asthma			
Diabetes			
Hypoglycemia			
Balance			
Dizziness			
Bone Fractures			
Fainting			
Shunt			If yes, where?
Rods			If yes, where?

Please list any other medical conditions or concerns not mentioned above:

State your goal(s) for attending a STARS Military Camp.

List the type of activities you have participated in since your injury, and how often?

Do you have a service animal? ❐ Y ❐ N

How does your service animal help you?

Please note that STARS staff are not responsible for service animals. Arrangements must be made for service animals during activities.

ACKNOWLEDGEMENT

I certify that the information provided in this form is true and correct to the best of my knowledge.

Printed Name:	Date:
Signature:	

If the participant is under 18 or legally incapacitated, this section must also be completed:

Parent/Legal Guardian Printed Name:	Date:
Parent/Legal Guardian Signature:	Relationship:

PLEASE RETURN FORMS TO:

Steamboat Adaptive Recreational Sports

Email: info@steamboatstars.com / **Fax:** (970) 870-1970

OFFICE USE ONLY

Date Form Received ____/____/____ Form Reviewed by ____Date ____/____/____