



Maine Adaptive
SPORTS & RECREATION

STUDENT REGISTRATION

(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

STUDENT INFORMATION			
Last Name:	First Name:	Today's date:	Gender:
	Preferred Name:	Date of Birth:	
Mailing address:	City:	State:	ZIP Code:
			County:

PHONE NUMBERS:		
Home:	Work:	Cell:
Email:		

OCCUPATION HISTORY		
Occupation (optional):	Employer:	Are you a veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Branch of Service: _____ Years Served: _____ to _____ Rank at Discharge: _____

EMERGENCY CONTACT INFORMATION			
Emergency Contact Name:	Emergency Contact Phone 1:	Emergency Contact Phone 2:	Relationship:

GUARDIAN INFORMATION		
Is the student their own guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input checked="" type="checkbox"/> NO, please answer the following regarding your guardian:		
Last Name:	First Name:	Relationship:
Check Here if Contact Information is the Same as Participant <input type="checkbox"/> If Not Please fill out contact info below:		
Address:	City	State ZIP Code
Phone 1:	Phone 2:	Email:

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.).	
Physician Name:	Physician Phone:	Physician Fax:	
Do you have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			
Do you use an EPI Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must bring it to all programming			
Please answer the following questions about seizures:	Have you ever had a seizure?	Type of Seizure:	Do you take medication for seizures?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last seizure:	<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY			
New Participant? _____	Date Received ____/____/____	Entered in Database _____	revised 9/10/2024

Height _____ **ft.** _____ **in.** **Weight:** _____ **lbs**

<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:
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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		Average		Strong		RANGE OF MOTION	Normal		Limited	
	(L)	(R)	(L)	(R)	(L)	(R)		(L)	(R)	(L)	(R)
Upper Body Strength							Upper Body Range of Motion				
Lower Body Strength							Lower Body Range of Motion				

TONE: Do you have normal muscle tone? If NO, how would you describe your tone?

Yes No
 Spastic Athetoid Flaccid 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:
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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, communicating, or being understood?			
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 conditions that might impact your participation with us, for example: fused joints, environmental triggers, cardiac condition?:

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 specific lesson times

General Program

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Golf | <input type="checkbox"/> Climbing |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Paddling | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Tennis | <input type="checkbox"/> Pickleball |
| <input type="checkbox"/> Nordic Skiing | <input type="checkbox"/> Cycling | |

Specialty Camps

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

Do you have experience with the above sports?:	
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 PO Box 853 Bethel, ME 04217	Fax: 207-824-0453 Or save a copy & email that to info@maineadaptive.org
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