

STUDENT REGISTRATION FORM

(Please Print)

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

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

STUDENT INFORMATION											
Last Name:		Legal Fi	rst Nar	me:	Toda	ay's Dat	e:	Gender:			
	Preferre	d Nam	e:	Date	of Birth	n:					
Mailing address:		City:		State:		ZIP Code:	l				
						County:					
Home Phone:			ione:			Cellph					
Email:											
OCCUPATION HISTORY											
Occupation (optional):	Employer:		Are you a veteran of the	US Mi	litary?	itary? □ Yes □ No					
			Branch of Service:	Years Served: ate of combat inju							
EMERGENCY CONTACT INFORMATION											
Emergency Contact Name:	Emergency Phone 1:	Contact		Emergency Contact Pho	ne 2:		Relationship:				
GUARDIAN or LEGAL REPRESENTATIVE INFORMATION											
Is the student under 18 or does the student have a legal guardian or legal representative? ☐ Yes ☐ No If YES, please answer the following regarding their guardian or representative:											
First Name:				Name:		Relationship:					
Address:					State	Э	ZIP Code				
Home or Work Phone: Cellph			ne:		Email:						
MEDICAL INFORMATION											
Disability/Diagnosis: Date of I (If Applic				Briefly describe your diagnosis/disneeds.			lity as it relates to	your adaptive			
Do you have any other conditions that might impact your participation with us, for example: fused joints, environmental triggers, or cardiac condition?											
Do you have allergies?		olease list: : □ Yes □ No If yes, you must bring it to all programming									
Please answer the following questions about seizures:	ver had	•••	of Seizure:			o you take medica □ Yes □ No	ation for seizures?				
	□ Yes □ N	lo	Date				110				

Page 1

Please continue on the back page

OFFICE USE ONLY										
New Participant?	Date Received		Entered in Database	revised 10/1/2024						

Hei	ight	f	:	_in.				Weig	ght: lb	s					
☐ Walking								Plea	ase list any equipmen	used to	walk:		<u></u>		
☐ Partial walking/partial wheelchair															
☐ Wheelchair – Check one: ☐ MANUAL ☐							/ER								
Please indicate any mover Right (R) choices to clarify				itatior	ıs y	ou ha	ve. If	it is n	ot the same on both s	ides of yo	ur body, ເ	ise the Le	ft (L) and		
STRENGTH	Wea			rage (R)		Strong (L) (R)		RA	RANGE OF MOTION		ormal (R)		Limited (L) (R)		
Upper Body Strength								Upp	er Body Range of Motior	ı					
Lower Body Strength								Low	er Body Range of Motior	1					
TONE: Do you have no	,		lf	NO, h	ow would you describe your tone?										
☐ Yes ☐ No								stic		Flaccid	□ 01				
If you have a visual impairment , please tell us about							ision.		If you have a hearing impairment , please tell us about your hearing:						
								₩							
								+							
								\vdash							
PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS						YES		NO	Use the space below to prov			FAILS vide details about anything for checked YES.			
Is any part of your body	•														
Do you have altered hot															
Do you use American Si Do you have difficulty sp				atina	+										
or being understood?	canng,	COIIII	namoc	iung,											
Do you have difficulty re															
Do you have difficulty fo			ons?		4										
Do you become easily from Are you ever a danger to			thers	2	+										
7 lie you ever a danger to	yourse)II OI C	701013	•											
	<u> </u>								FORMATION						
You w									ı are interested in p quest form to request			s			
	Gene							Specialty Camps							
☐ Alpine Skiing	☐ Alpine Skiing ☐ Golf ☐						oing	Veterans No Boundaries							
Snowboarding	3	☐ Pa	ddling	l		l Hikin	g	☐ Blind & VI Ski Festival							
Snowshoeing		☐ Tennis ☐ Pickleball					leball	☐ Mono Ski Camp							
□ Nordic Skiing □ Cycling															
Do you have experience w	ith the a	above	sports	s?											
What goals would the student like to achieve while particip with Maine Adaptive?							ing								
While wearing a PFD, are you able to turn from face dup in the water? ☐ Yes ☐ N							face								
What other sports or activity	ties do y	you ta	ke par	t in?				-							
Do you receive federal or s	state fina	ancial	assist	tance'	? [⊒ Yes		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	tion conta	ained i	n this a	applica	tior	n will be	e used	interna	ally by Maine Adaptive st	aff and vol	unteer instr	ructors.			
Please return to: Maine Ad	aptive S								207-824-0453						

PO Box 853 Bethel, ME 04217