



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 First Name:	Today's Date:	Gender:
	Preferred Name:	Date of Birth:	
Mailing address:	City:	State:	ZIP Code:
		County:	
Home Phone:	Work Phone:	Cellphone:	
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: _____ Combat injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of combat injury: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Emergency Contact Phone 1:	Emergency Contact Phone 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:	Last Name:	Relationship:
Address:	City:	State: ZIP Code
Home or Work Phone:	Cellphone:	Email:

MEDICAL INFORMATION

Disability/Diagnosis:	Date of Injury (If Applicable):	Briefly describe your diagnosis/disability as it relates to your adaptive needs.
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? Yes No If yes, please list:
Do you use an EPI Pen: Yes 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

