Maine Adaptive
SPORTS & RECREATION

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? ❑ Yes ❑ No
		Branch of Service:_____ Years Served: _____to_____ Rank at Discharge: _____ Combat injuries: ❑ Yes ❑ 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? ❑ Yes ❑ No	Type of Seizure: Date of last seizure:	Do you take medication for seizures? ❑ Yes ❑ No

OFFICE USE ONLY

New Participant? _____ Date Received ____/____/_____ Entered in Database_____ revised 10/1/2024

Height _____ft. ____in. **Weight: _____ lbs.**

❑ Walking	Please list any equipment used to walk:
❑ Partial walking/partial wheelchair	
❑ Wheelchair – Check one: ❑ MANUAL ❑ POWER	

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

TONE: Do you have normal muscle tone? ❑ Yes ❑ No

If NO, how would you describe your tone? ❑ Spastic ❑ Athetoid ❑ Flaccid ❑ Other

If you have a **visual impairment**, please tell us about your vision.	If you have a **hearing impairment**, please tell us about your hearing:

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS	**YES**	**NO**	**DETAILS** Use the space 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?			
Are you ever a danger to yourself or others?			

PARTICIPATION INFORMATION

Please check the activities in which you are interested in participating.
You will also need to fill out the seasonal lesson request form to request specific lesson times

General Program			**Specialty Camps**
❑ Alpine Skiing	❑ Golf	❑ Climbing	❑ Veterans No Boundaries
❑ Snowboarding	❑ Paddling	❑ Hiking	❑ Blind & VI Ski Festival
❑ Snowshoeing	❑ Tennis	❑ Pickleball	❑ Mono Ski Camp
❑ Nordic Skiing	❑ Cycling		

Do you have experience with the above sports?

What goals would the student like to achieve while participating with Maine Adaptive?	
While wearing a PFD, are you able to turn from face down to face up in the water? ❑ Yes ❑ No	

What other sports or activities do you take part in?

Do you receive federal or state financial assistance? ❑ 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 contained in this application will be used internally by Maine Adaptive staff and volunteer instructors.

Please return to: **Maine Adaptive Sports & Recreation**
125 Outward Bound Road
Newry, ME 04261

Fax: 207-824-0453

Or save a copy & email that to info@maineadaptive.org