

PLEASE CIRCLE (OR IF FILLING OUT ONLINE, PLEASE HIGHLIGHT IN YELLOW) ALL THAT APPLY TO THE PARTICIPANT. PROVIDE SPECIFIC INFORMATION WHERE REQUESTED. ALL INFORMATION IS VOLUNTARY AND REQUESTED ONLY TO ASSIST STAFF AND INSTRUCTORS IN PROVIDING QUALITY SERVICE.

PHYSICAL

- ALLERGIES
- AMPUTEE (TYPE _____)
- ARTHRITIS
- ASTHMA
- BRAIN INJURY
- CEREBRAL PALSY (TYPE _____)
- CONGENITAL HEART DISEASE
- CYSTIC FIBROSIS
- DIABETES
- EPILEPSY
- FEEDING TUBE
- HEARING IMPAIRED
- MULTIPLE SCLEROSIS
- MUSCULAR DYSTROPHY
- RESPIRATORY DISEASE
- SHUNT
- SPINA BIFIDA
- SPINAL CORD INJURY (LEVEL _____)
- STROKE (LEFT/RIGHT _____)
- VISUALLY IMPAIRED
- HEART PROBLEMS (TYPE _____)

POST POLIO

- ARTHROGRYPOSIS
- OTHER (EXPLAIN) _____

MOBILITY

- ELECTRIC WHEELCHAIR
- MANUAL WHEELCHAIR
- CANES/CRUTCHES
- INDEPENDENT

DEVELOPMENTAL

- MILD
- MODERATE
- SEVERE/PROFOUND
- AUTISM
- DOWN SYNDROME
- OTHER (EXPLAIN) _____

LEARNING DISABILITY

- PERCEPTUAL DIFFICULTY
- DISTRACTIBILITY
- HYPERACTIVITY
- DYSLEXIA
- ATTENTION DEFICIT DISORDER
- OTHER (EXPLAIN) _____

BEHAVIOR DISORDER

- ACTING OUT
- AGGRESSIVE
- SELF-ABUSIVE
- OTHER (EXPLAIN) _____

EMOTIONAL

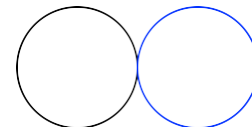
- ANTI-SOCIAL
- ANXIETY
- DEPRESSION
- DISORIENTATION
- EATING DISORDER
- NEUROSIS
- PSYCHOSIS
- SCHIZOPHRENIA
- SUBSTANCE ABUSE
- OTHER (EXPLAIN) _____

COMMUNICATION

- VERBAL
- NONVERBAL (TYPE _____)

VISUAL FIELD

LEFT RIGHT
BLACK OUT AREAS OF NO VISION



ADDITIONAL INFORMATION:

SUBJECT TO SEIZURES? (YES/NO) _____ TYPE? _____ FREQUENCY? _____

ALLERGIES TO FOODS OR MEDICATIONS? IF SO, PLEASE LIST: _____

CURRENT MEDICATIONS? IF SO, PLEASE LIST TYPE AND PURPOSE: _____

CONTINUED DISABILITY INFORMATION:

PLEASE EXPLAIN ANY BEHAVIORS OF WHICH STAFF SHOULD BE AWARE OF: _____

HOW DOES PARTICIPANT BEHAVE WHEN UPSET OR FRUSTRATED: _____

METHODS THAT WOULD MAKE LEARNING EASIER (VISUAL, VERBAL, TACTILE, ETC.): _____

ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR THE MIDWEST ADAPTIVE SPORTS STAFF TO BE AWARE OF? _____

PARTICIPANT RECREATION AND LEISURE INFORMATION:

**WHICH OF THE FOLLOWING BARRIERS RESTRICT PHYSICAL ACTIVITY?
CHECK ALL THAT APPLY.**

LACK OF ENDURANCE _____ LACK OF COORDINATION _____ LACK OF MOBILITY _____
LACK OF FLEXIBILTY _____ LACK OF STRENGTH _____ OTHER? _____

**WHICH HUMAN DOMAIN IS THE PARTICIPANT HOPING TO DEVELOP THE MOST AT MIDWESET ADAPTIVE SPORTS?
NUMBER 1-5: 1 BEING THE MOST, 5 BEING THE LEAST.**

SOCIAL _____ EMOTIONAL _____ PHYSICAL _____ COGNITIVE _____ SPIRITUAL _____

WHAT EXPECTATIONS AS A PARTICIPANT DO YOU HAVE OF YOUR MIDWEST ADAPTIVE SPORTS EXPERIENCE?

PLEASE WRITE A PERSONAL GOAL THAT CAN BE ACHIEVED THROUGH PARTICPATION AT MIDWEST ADAPTIVE SPORTS:

**THANK YOU FOR COMPLETING THIS FORM
AND PARTICIPATING WITH MIDWEST ADAPTIVE SPORTS!**