



TRAS 2019 Participant Skier Information Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Phone: (H) _____ (Cell) _____ (W) _____

Email: _____

Height: _____ Weight: _____

Primary Disability: _____ Date of Onset: _____

Skiers w/ Spinal Cord Injuries, please list level of injury: _____

Skiers w/ Spinal Cord Injuries less than one year since injury are required to provide a written physician clearance letter prior to skiing with the Three Rivers Adaptive Sports ski program

Secondary Disability (if Applicable): _____

Do you have any type of spinal stabilization and/or rods? Yes: _____; No: _____

Type of stabilization: _____; Rod Length: _____

Do you wear braces/AFOs? Yes: _____; No: _____; Type: _____

Do you use any other assistive device(s)? Yes: _____; No: _____; Type: _____

What is your primary means of mobility?

_____ Walking UNASSISTED

_____ Manual Wheelchair

_____ Cane

_____ Power Wheelchair

_____ Crutches

_____ Scooter

_____ Walker

_____ Other: Specify: _____

Do you have movement or joint limitations? Please specify: _____

Do you have problems with skin integrity? Yes _____; No _____; Location _____

Do you have any skin breakdown at the present time? Yes _____; No _____; Location: _____

Do you have decreased sensation/ability to feel? Pain: _____; Location _____

Cold: _____; Location: _____; Pressure: _____; Location: _____

Do you need assistance for transfers? Yes _____; No _____

Do you need assistance to get up from the floor? Yes _____; No _____

Do you have any allergies? (Food, medications, etc.) Specify: _____

Do you have a history of seizures? Yes _____; No _____

If yes, explain type and frequency: _____

Date of last seizure: _____

Do you know when you are going to have a seizure? Yes _____; No _____

Do you have any of the following medical conditions? (Check all applicable)

_____ Asthma _____ High Blood Pressure _____ Low blood Pressure

_____ Diabetes _____ Autonomic Dysreflexia _____ Hepatitis

_____ Bladder drainage device/Catheter Type: _____

_____ HIV/Aids

Do you wear: Glasses? Yes _____; No _____ Contacts? Yes _____; No _____

Do you have sensitivity to the sun and/or cold? Yes _____; No _____; if yes, specify: _____

Have you had any surgeries in the past year? Yes _____; No _____; if yes, specify: _____

Are you currently under a doctor's care? Yes _____; No _____; if yes, specify: _____

Do you need to limit your activity for any reason? Yes _____; No _____; if yes, specify: _____

Please List ALL medications you are currently taking

1. Medication: _____ Dose: _____
Reason: _____ Side effects: _____
2. Medication: _____ Dose: _____
Reason: _____ Side effects: _____
3. Medication: _____ Dose: _____
Reason: _____ Side effects: _____
4. Medication: _____ Dose: _____
Reason: _____ Side effects: _____
5. Medication: _____ Dose: _____
Reason: _____ Side effects: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Physician: _____ Phone: _____

Skiing Information

Have you ever skied before? Yes _____; No _____; if yes, specify number of years skiing: _____
Skiing Ability? Beginner _____; Intermediate _____; Advanced _____

Method of skiing

_____ Two Track (two skis); _____ with poles; _____ without poles
Shoe/Boot size: _____; Length of ski used (if known) _____
_____ Four Track (two skies with hand held outriggers); specify other adaptive devices used (i.e. ski
Bra/ski tip stabilizer, spreader bar, tether, etc): _____

Shoe/Boot size: _____; Length of ski used (if known) _____

_____ Mono Ski; Specify model of Mono Ski use, if known; _____

Tethered? Yes _____ No _____

Do you need assistance getting on/off the lift? Yes _____ No _____; if yes, specify type of assistance required; _____

Do you need assistance to get up from the ground? Yes _____ No _____

_____ Bi Ski; Specify model of Bi Ski use, if known; _____

Hand held outriggers? Yes _____ No _____

Fixed outriggers? Yes _____ No _____

Tethered? Yes _____ No _____

Do you have your own equipment? Yes _____ No _____ (Note: ALL sit down skiers MUST have a lift retention strap and emergency evacuation system attached to their sit down ski unit)

Please provide any/all additional information you feel your ski instructor should know about in order to make you skiing experience as safe and successful as possible: _____

**NOTE: ALL SKIERS/SNOWBOARDERS PARTICIPATING IN THE
THREE RIVERS ADAPTIVE SPORTS SKI PROGRAM ARE
REQUIRED TO WEAR A HELMET**

By signing below, I verify that the above information is current and accurate. I understand that the information above is confidential and will only be used by the instructor and volunteers to provide the student with a safe and enjoyable skiing experience.

Print skier's name: _____

Signature of skier or guardian: _____

Date: _____

“If I can do this, I can do anything”
Three Rivers Adaptive Sports P.O. Box 38235 Pittsburgh, PA 15238 (412) 848-8896
www.traspa.org