

PARTICIPANT REGISTRATION FORM
CONFIDENTIAL INFORMATION (Please PRINT Neatly & Clearly)

Adventure Without Limits serves people of ALL abilities. The following information will assist our staff to more effectively accommodate you during the trip. This information will be shared with all staff you may come in contact with. Please answer each question clearly and honestly.

I. PERSONAL INFORMATION:

Name (Print): _____ Today's Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Birthdate: ____/____/____ Age: _____ I identify my gender as: _____

II. EMERGENCY INFORMATION:

Contact Person: _____ Relationship: _____

Primary Phone: _____ Other Phone: _____

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Primary Phone: _____ Other Phone: _____

Name of Physician: _____ Phone: _____

Do you carry insurance? Y / N

Company Name: _____ Policy #: _____

III. DEMOGRAPHIC INFORMATION- optional (this information will be used for grant reporting purposes only)

- Please self-identify your racial /ethnic background:

Hispanic or Latino White Black or African American Native Hawaiian/Other Pacific Islander
 Asian American Indian or Alaska Native Two or More Races Other _____

- Are you or a member of your family eligible for free or reduced lunch programs : Yes No

IV. HEALTH & MEDICAL INFORMATION:

Please check all past and current conditions that apply:

- | | | | |
|--------------------------------------------|--------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Attention Deficit | <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Hearing Impaired/Deaf | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Speech Impediment |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Injured Muscles | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dislocations | <input type="checkbox"/> Joint or Ligament Pain | <input type="checkbox"/> Visually Impaired/Blind |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Balance Problems | <input type="checkbox"/> Head/Brain Injury | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> Seizures | _____ |
| <input type="checkbox"/> Cerebral Palsy | | | |

Please describe more fully here:

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Name (Print): _____

List any emotional or behavioral concerns (providing this information will NOT deter you from participation):

IV. HEALTH & MEDICAL cont'd:

Allergic to: _____

Reactions: _____

Dietary restrictions: _____

Are you currently taking medication? Y / N

Medication name: _____ Dosage: _____ Reason: _____

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*Note: If you need assistance with medication, please discuss with the program director before signing up for trips.

V. COMMUNICATION:

I communicate by: Speaking Signing Communication Board Eye signals
 Gestures Other _____

VI. PERSONAL NEEDS:

Do you use the following? Arm Crutches Cane Hearing Aids Scooter Walker
 Manual wheelchair Power wheelchair Other _____

How can staff assist you with mobility? _____

Do you have any balance issues? Y / N

If so, please describe: _____

Do you need help with bathrooming and/or personal hygiene? Y / N

If so, please describe: _____

VII. ACTIVITY INFORMATION:

Past outdoor experience: _____

Are you able to lift & carry 20 pounds? (Weight of a loaded day pack) Y / N

What is your swimming experience? Don't swim Fair Good Excellent

How far can you comfortably walk without assistance? 100 Yards ¼ Mile 1 Mile Indefinitely

What is your general physical condition? Poor Fair Good Excellent

In order to pack the correct equipment for you it is very useful for us to have your clothing and shoe size:

Height: _____ Weight: _____ Shoe Size: _____

Pant Size: XS S M L XL XX XXX Top Size: XS S M L XL XX XXX