



A 501(c)3 nonprofit organization

Participant Intake Form

Date : _____

<i>Please Print Clearly</i>						
Contact Information	First Name		Last Name		Gender M F	Date of Birth / /
	Mailing Street Address				Apt or Suite	
	City			State	Zip	
	Home Phone			Mobile Phone		
	Email(s)					
Emergency Contact	First Name		Last Name		Relationship	
	Primary Phone (s)			Email		
Participant and Program Information	Disability (please check all that apply)					
	<input type="checkbox"/> Spinal Cord Injury Location: _____	<input type="checkbox"/> MS/MD/Muscle Disorder	<input type="checkbox"/> Leg Amputee	<input type="checkbox"/> Visual Impairment Please Circle: Total or Partial		
	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> PTSD	<input type="checkbox"/> Arm Amputee	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> TBI/Stroke	<input type="checkbox"/> Multiple Amputee			
				<input type="checkbox"/> Hearing Impairment		
	Mobility/ Assistive Devices (please check all that apply)					
<input type="checkbox"/> Ambulatory		<input type="checkbox"/> AFO/ Leg Braces				
<input type="checkbox"/> Manual Wheelchair (please circle: FT or PT)		<input type="checkbox"/> Walker				
<input type="checkbox"/> Power Wheelchair (please circle FT or PT)		<input type="checkbox"/> Cane				
<input type="checkbox"/> Crutches		<input type="checkbox"/> Other: _____				
In case of an emergency, please describe any allergies you have or medications you are taking:						
Height:	Weight:	Today's Program:	Other Programs of Interest:	<input type="checkbox"/> Cycling		
			<input type="checkbox"/> Downhill Skiing	<input type="checkbox"/> Water-Skiing		
			<input type="checkbox"/> Cross- Country Skiing	<input type="checkbox"/> Wakeboarding		
			<input type="checkbox"/> Kayaking	<input type="checkbox"/> Other: _____		
How did you hear about this program? (i.e. AA website, friend, flyer, referral, other)						
Military Only	Branch of Service:			Rank:		
	Date of Injury: / /			Combat Related? (Please Circle) Yes No		
<i>Participation in Adaptive Adventures programs is subject to review and evaluation by Adaptive Adventures staff.</i>						