

# ALDERSHOT SNOWSPORTS for the DISABLED PARTICIPANTS FORM



Date completed \_\_\_\_\_

<b>Forename(s):</b>	<b>Surname:</b>
<b>D.O.B:</b>	<b>Male/Female:</b>
<b>Address:</b>	
<b>Tel No: Home:</b>	<b>Mobile:</b>
<b>Email:</b>	

## **Guardian's details**

<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Tel No: Home:</b>	<b>Mobile:</b>

## **Emergency Contact details:**

<b>Name:</b>	<b>Relationship:</b>
<b>Tel No:</b>	<b>Mobile No:</b>

**Personal information:**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Shoe Size:** \_\_\_\_\_

**Disability (please be specific)**

**How does this affect you physically:**

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**How does this affect your behaviour?**

**Was your disability caused by an accident?      Yes / No**

**Date of accident:**      /      /

**Do you use a wheelchair?      Yes / No      Manual / Electric**

**How far can you go unaided?**

**Can you independently transfer yourself?      Yes / No**

**Are you currently taking any medication?      Yes / No**

**If so, please state type and amount and if applicable any which may need to be administered during a session.**

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**Do you have any loss of sensation in your limbs?      Yes / No**

**If so, please specify** \_\_\_\_\_

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**Head injuries/shunt?      No  Yes       \_\_\_\_\_**

**Seizures/epilepsy (if yes, when was last)?      No  Yes       \_\_\_\_\_**

**Hepatitis?      No  Yes       \_\_\_\_\_**

**Operation / treatment in last 12 months?      No  Yes       \_\_\_\_\_**

**Pending operation / medical treatment?      No  Yes       \_\_\_\_\_**

**Recent injury?      No  Yes       \_\_\_\_\_**

**Allergies (particularly Latex)?      No  Yes       \_\_\_\_\_**

**Your Skiing Experience:**

Have you skied before?      Yes / No                      Pre or Post accident: \_\_\_\_\_

How many times / where? \_\_\_\_\_

If yes, what level of skier are you?    Beginner / Intermediate / Advanced

What adaptive equipment did you use? \_\_\_\_\_

Do you have your own equipment?                      Yes / No

Have you skied with ASD before?    Yes / No    Where/when? \_\_\_\_\_

Will any of your family or helpers need equipment?    Yes / No

For each person put:

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe size: \_\_\_\_\_

**Volunteers only:** Please list previous experience, training or qualifications:

What other sports/activities do you do? \_\_\_\_\_

May we use any photos of you for marketing materials?      Yes / No

Where did you learn of Aldershot Snowsports for the Disabled:

**Any other comments / information you feel we need to know:**


**Data Processing Consent:**

**I consent to Aldershot Snowsports for the Disabled (the “Club”) holding and using my medical and disability information for the purpose of providing me with adaptive Snowsport.**

**This information is maintained in the Club’s records and is made available to Club members in their roles as Snowsport instructors and helpers.**

**I understand I have the right to withdraw this consent by telling the Club’s Membership Secretary and can ask for my information to be removed from the Club’s records.**

**The Club’s Privacy Policy is available on our website:**

**[www.asdaldershot.org/index.php/about/membership/](http://www.asdaldershot.org/index.php/about/membership/)**

**Please tick this box to confirm you understanding and your consent:**

**Declaration:**

**I declare that all the information given on this form is true and correct to the best of my knowledge and I do not hold the ASD or its operatives responsible for any consequences that arise from false information.**

**Full Name:**

**If under 18 years of age a parent / guardian must sign.**

**If signing as parent/guardian: Name of parent / guardian:**

**Relationship:**

**Date:**

**Signature:**