

DISABILITY SNOWSPORT UK PARTICIPANTS FORM

Local group _____ Date completed _____

The information you give us will be kept confidential and be stored/ handled in accordance with DSUK policy and procedures.

Mr/Mrs/Ms/Miss _____ **Membership No.....** _____

Skier's / Buddy's details

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

Guardian's details

Name:	Relationship:
Address:	
Tel No: Home:	Mobile:

Emergency Contact details:

Name:	Relationship
Tel No :	Mobile No:

Doctors Details

Name :
Address :
Tel No :

Personal information:

Height: _____ Weight: _____ Shoe Size: _____

Disability (please be specific)

How does this affect you physically:

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.

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

If so, please specify _____

Head injuries / shunt ?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
Seizures/epilepsy (if yes, when was last)?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
Hepatitis ?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
Operation / treatment in last 12 months?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
Pending operation / medical treatment?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
Recent injury?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
Allergies (particularly Latex)?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____

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 DSUK 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: _____

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Name: _____ Height: _____ Weight: _____ Shoe size: _____

Ski Buddies 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 Disability Snowsport UK: _____

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

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 BSCD or its operatives responsible for any consequences that arise from false information.

Signed:

Date:

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

