

**MISSOURI DISABLED WATER SKI ASSOCIATION  
WATER SKI PARTICIPANT INFORMATION**

*Please Print Clearly*

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

*If Participant is a Minor*

Name of Parent(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Medical Information:*

Your Disability: \_\_\_\_\_

*Please answer the following questions as applicable. If you check YES to any question, please explain.*

Are you currently under a Doctor's care for any condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking any medication(s), which we should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you experience seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking seizure medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you allergic to anything, especially latex or bee stings? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any dietary requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you ambulatory? If yes, % of time \_\_\_\_\_, with what kind of aid? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need to limit your activities for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special medical conditions we should know about?  
(i.e. asthma, diabetes, heart trouble, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special medical instructions/information we should know? Yes \_\_\_\_\_ No \_\_\_\_\_

**MISSOURI DISABLED WATER SKI ASSOCIATION  
WATER SKI PARTICIPANT INFORMATION**

*PARTICIPANT INFORMATION*

Emergency Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

*Model Release:*

I hereby give Missouri Disabled Water Ski Association and their programs permission to use my photograph, and to publish the same without any debts or liabilities to me of any kind.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Are you Water Safe?* Can you turn yourself face-up from a face-down position in deep water wearing a Type 1 personal flotation vest? \_\_\_\_\_

*ALL PARTICIPANTS! Please read the paragraph below and answer the questions that follow:*

While water skiing, skiers will be towed behind or alongside a motor-boat at speeds up to 25mph. Should you fall, your body must be able to sustain the impact of hitting the water at these speeds. If you think the impact may cause you pain or injury, please consult with your doctor before attempting to water ski, and also bring a doctor's written release with you.

Will falling sideways onto your shoulders cause pain or injury to your back or shoulders, or cause dizziness? Yes \_\_\_\_\_ No \_\_\_\_\_

Within the past six months, have you had any injury to, or surgery on, Your back, spinal cord or hips? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wear a brace? If YES, describe the type of brace \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have Harrington Rods? If YES, length of time you've had them: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

---

In signing below, I verify that the information above is current and accurate. I understand that the information above is confidential and will be used only by the Missouri Disabled Water Ski Association to provide the participant with a safe and fun water skiing experience.

\_\_\_\_\_  
(Printed name) (Signature of person completing form) (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_