PARTICIPANT INTAKE FORM

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

Your Disability: _____

Are you currently under a Doctor's care for any condition? **Yes** _____ **No** _____
If YES, please explain_____

Are you currently taking any medication(s), which we should be aware? **Yes**_____ **No**_____
If YES, please explain_____

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**_____
If YES, please explain_____

Are you ambulatory? **Yes**_____ **No**_____
What % of time _____. With what kind of aid, if any?_____

Do you need to limit your activities for any reason? **Yes**_____ **No**_____
If YES, please explain_____

Do you have any special medical conditions we should know about? **Yes**_____ **No**_____
(i.e. asthma, diabetes, heart trouble, etc.)
If YES, please explain_____

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Do you have any special medical instructions/information we should know? Yes_____ No_____
If YES, please explain_____

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? Yes_____No_____

Do you have any open wounds? Yes_____No_____
If YES, please explain_____

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 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 _____
If YES, please explain_____

Do you wear a brace? Yes _____ No_____
If YES, describe the type of brace _____

Do you have Harrington Rods? Yes_____ No_____
If YES, what is the length of time you've had them? _____

Emergency Contact Name_____ Telephone_____

Emergency Contact Name_____ Telephone_____

Physician's Name_____ Telephone_____

By 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 waterskiing experience.

(Printed name) (Signature of person completing form) (Date)